

Application Form for Disposal of Pharmaceutical Products

Form No.....

To: The Registrar
Pharmacy, Medicines and Poisons Board
P.O Box 30241,
Lilongwe 3,
Malawi.

I/We of (postal
address).....undertaking the business of
(specify).....
..... here by apply for disposal of unwanted pharmaceutical products
(attach register) on(estimated date but the actual date to be confirmed
by PMPB).....

Location of Business.....

Name of In-charge of the business.....

Registration Number (if applicable)

Reason for disposal.....

Value (in MK)

Declaration:

I certify that the information provided in the application form is true and correct.

Date of application... .. Signature of Applicant.....

Stamp.....

For official use only:

Received by: Signature.....

Stamp.....