



DEPARTMENT OF PHARMACEUTICAL SERVICES  
MINISTRY OF HEALTH  
BRUNEI DARUSSALAM

MEDICINES ORDER, 2007  
MEDICINES (LICENSING, STANDARD PROVISIONS AND FEES) REGULATIONS, 2010

APPLICATION FORM FOR AMENDMENT TO AN IMPORT LICENCE AND WHOLESALE DEALER'S LICENCE  
FOR MEDICINAL PRODUCTS

**SECTION 1: INSTRUCTIONS**

- 1) Please fill out this application form in CAPITAL LETTERS.
- 2) Please tick (✓) the appropriate boxes or write "N/A" for any item that is not applicable to your application.
- 3) When the symbol \* appears, please strikethrough the wording that is not applicable.
- 4) The complete application form should be submitted to the **Compliance & Licensing Section, 1<sup>st</sup> Floor, Department of Pharmaceutical Services, Kg Madaras, Mukim Gadong 'A', Brunei Darussalam.**
- 5) An amendment fee is payable upon collection of the licence. Payment can either be made in the forms of cash or cheque only. Fees paid are non-refundable. Payment of fees can either be made in the forms of cash or cheque only. Fees paid are non-refundable. Please note that payments are received **every Monday to Thursday, 8am to 11.30am** (8am to 10.30am for Ramadhan month) during government working days.

Amendment fees:

- a) Site Inspection **required** - \$35
- b) Site Inspection **not required** - \$25

*Note: Only complete application form (one original and one photocopy) submitted with a confirmed payment will be processed.*

**SECTION 2: DETAILS OF LICENCE**

<b>Type of Licence</b>	<input type="checkbox"/> <b>Import Licence</b>	<input type="checkbox"/> <b>Wholesale Dealer's Licence</b>
Licence No.		
Validity Period		

**SECTION 3: DETAILS OF COMPANY**

Name of Company			
Company Registration No.			
Business Address			
Store Address (if different from above)			
Correspondence Address (if different from above)			
Telephone	Fax	Official E-mail	

**SECTION 4: DETAILS OF APPLICANT**

Title	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
Name					
I.C. No. (Colour)	<input type="checkbox"/> Yellow	<input type="checkbox"/> Red	<input type="checkbox"/> Green		
Designation					
Telephone (Office)	Handphone	Official E-mail			

**SECTION 5: DETAILS OF PROPOSED CHANGES****Notes:**

- 1) Any amendment on Addition of Registered Medicinal Product, please also fill out Section 6 of this application form.
- 2) Please refer to Section 7 of the Guideline on Application for An Import Licence and Wholesale Dealer's Licence for Medicinal Products for further guidance.
- 3) Please attach **additional pages** if the space provided is insufficient.

No.	Type of Amendment	Current Details	Proposed Change(s)	Reasons for Change	Expected Effective Date	Documents Attached



**SECTION 7: DECLARATION OF APPLICANT**

I, on behalf of the company named in Section 3, hereby declare that:

- 5.1) There are no other changes with respect to the licence detailed in Section 2 than those proposed on this application form;
- 5.2) All the conditions for the proposed changes are fulfilled;
- 5.3) The supporting documents required for the proposed changes have been submitted; and
- 5.4) All particulars given on this application form and the supporting documents attached to this form are true.

I understand that a wilfully false statement is an offence under the Medicines Order 2007 and that all documents submitted for evaluation are not returnable.

<b>Name of Applicant</b>	<b>Signature</b>	<b>Date &amp; Company Stamp</b>

**SECTION 8: FOR OFFICIAL USE ONLY**

<b>Application Ref. No.</b>			
<b>A) APPLICATION FORM RECEIVED BY:</b>		<b>B) APPLICATION FEE</b>	
<b>Name</b>		<b>Name of Payee</b>	
<b>Signature</b>		<b>Amount paid</b>	
<b>Date &amp; Stamp</b>		<b>Receipt No.</b>	
		<b>Received by</b>	<b>Name</b>
			<b>Signature</b>
<b>Date</b>			