

## Schedule XXI

### APPLICATION FOR LICENSE TO TRANSPORT THERAPEUTIC GOODS FOR DISTRIBUTION

File Number

New

☐

Renewal

☐

I /we, ..... (owner/partners/corporation/private limited company) of ..... (Location address) here by apply for a license to transport therapeutic goods.

#### 1. Information about the applicant

- a. Name of Applicant: .....
- b. Designation: .....
- c. National Identity Card No: .....
- d. Mailing Address: .....
- e. E-mail Address: .....
- f. Telephone No: .....

#### 2. Information about the business

- a. Sale of therapeutic goods by retail ☐  
License no. for sale of therapeutic goods by retail issued by the authority:
- b. Sale of therapeutic goods by wholesale ☐  
License no. for sale of therapeutic goods by wholesale issued by the authority:

#### 3. Therapeutic goods intended to be transported

Biological Products ☐

Medical Devices ☐

Vaccines ☐

Medicine ☐

## **Schedule XXI**

### **4. Information about the vehicles to be used in transport**

Please use the annexure 01

### **Declaration**

I, the undersigned, certify that all information in this application for license to transport therapeutic goods for distribution is true and correct.

I understand that I have the responsibility to inform the Authority with immediate effect of any change to the information provided in this application.

Signature: .....

Name: .....

Designation: .....

Date: .....

## Schedule XXI

### Annexure 01

Vehicle Registration Number	Type of Vehicle	Type of License (New/Renewal)

(Add more lines if necessary)