



*Quality Medicines for Malawi*

**The Pharmacy and Medicines Regulatory Authority Act, 2019**  
(Act No. 9 of 2019, Part IV Section 62)

## **APPLICATION FORM FOR VARIATION**



**2.2 Summary of current and proposed details:**

Current details	Proposed details

**2.3 Reason for change:**

---

---

---

---

**2.4 Date of implementation (for Immediate Notifications only):**

---

**3. Documentation checklist**

The following documents have been submitted together with this application form:

<i>Note: All documents must be provided for this application to be valid.</i>	
Supporting documentation <i>All supporting documents as stipulated for the change in the Guidance on Post Approval Changes (Variations) are included in this submission</i>	<input type="checkbox"/> Yes

#### 4. Declaration

*Please check all declarations that apply.*

I declare that:

- For each change all conditions as stipulated in the *Variation Guidelines for Medicines* for the change requested are fulfilled.
- There are no changes being made other than those applied for in this submission, except for possible editorial changes. Any other changes will be applied for separately.
- The information submitted is true and correct.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Stamp: \_\_\_\_\_