

## **REPUBLIC OF CYPRUS**

## APPLICATION FOR EXAMINATION FOR THE GRANTING OF A WHOLESALE LICENCE OF MEDICINAL PRODUCTS

[The Medicinal Products for Human Use (Control of Quality, Supply and Prices) Law of 2001 Part VII, Chapter B, Wholesale of Medicinal Products The Medicinal Products for Human Use (Procedure and Content of Examinations for a Wholesale Licence) regulations of 2001} Date: Applicant's Name: ID Number: Address: Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Registrar Drugs Council You are requested to allow me to undergo the examination for the granting of a wholesale licence of medicinal products, which will take place on the second week of the following [March/June/September /December] (Cross out accordingly) I enclose the following: ☐ High School Diploma A certificate from a pharmacist or a wholesale distribution licence holder attesting that I posses at least two years of experience in the management and sale of medicinal products ☐ Recent Penal Record Certificate With Honour, Signature: Name (please print): Ph.S. 99

<sup>&</sup>lt;sup>1</sup> The material for the examination includes the following Laws as well as the relevant secondary legislation: 1. The Pharmacy and Poison Law (Cap 254), 2. The Medicinal Products for Human Use (Control of Quality, Supply and Prices) Law of 2001, 3. The Narcotic Drugs and Psychotropic Substances Law N. 29 of 1977