

To
Licensing Authority

Date

Sub: Change of name of the firm – M/s

Sir
We have want to change the name of the firm due to some personal reason as under:

1. Name & address of the existing firm:- M/s

RSDL / WSDL No.

Validity

2. Name to be changed as:- M/s

There is no change in Competent Person (Registered Pharmacist or Experience Person) at the firm
There is no change in constitution at the firm.

Encl: Undertaking regarding the name change of the firm

Kindly change the name of the firm detail as above.

Sign.....
(Prop. / Partner / Director)

M/s

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CC: Area Drug Control Officer