**Wholesale Distribution Authorisation (WDA-V) Application Form – Products for Veterinary use**



 Sections 1 - 4 (Part A) only need to be completed once per application.

 Sections 2 - 3 (Part B) one copy will need to be completed for each site to be

included on the authorisation

**Administrative Data**

|  |
| --- |
|  [ ]  Initial Application [ ]  Variation Application |

|  |  |
| --- | --- |
| **Application Date** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Purchase Order number**   | Click or tap here to enter text. |

**1.1 About You**



**This section is information about the person completing the form. If we have queries relating to the application this is the person we would normally contact to clarify**

|  |  |
| --- | --- |
| **Name**: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Primary Telephone Number:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Secondary Telephone Number:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Email Address:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Applying on behalf of proposed registration holder** |  [ ]  Yes [ ]  No  |

**1.2 Applicant Details**

|  |  |
| --- | --- |
| **Company/Site Name:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Address 1:**  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Address 2:**  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Town/City:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **County/State:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Postcode:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Country:** | Click or tap here to enter text. |

**Comments**

Any information which requires updating/clarification such as addresses which do not appear can be entered here. The Process Licensing team will action any required changes based on the text entered here.

|  |
| --- |
| Click or tap here to enter text. |

**Trading Style**

A trading style is a name other than the registered company name that a registered company uses for trading purposes. As an example ABC Limited trading as XYZ Enterprises. The trading style may not include any reference to legal status e.g. Limited. The trading style may not make any medicinal claims e.g. ABC Limited trading as Cureall Medicine

|  |
| --- |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| **DUNS Number :** | Click or tap here to enter text. |

**Company Contact**

|  |  |
| --- | --- |
| **Name**: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Primary Telephone Number:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Secondary Telephone Number:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Email Address:** | Click or tap here to enter text. |

**Does the person/company requiring registration hold an MHRA Licence/Registration associated with a different company other than the registered company?**

 [ ]  Yes [ ]  No

****Company Name

This will be the registered Company name stated on any licence(s), authorisation(s) or registration(s) held by any associated companies.

Click or tap here to enter text.

****Licence/Registration No.

The licence, authorisation or registration number of any linked company(ies)

**1.3 Contact Details For Communications**

## Is the contact given in the Application Details Section authorised for communications regarding this registration?

**Tick "Yes" if the person named as the applicant will also be the person to whom communications should be directed.**

[ ]  Yes [ ]  No

**If then ‘No’, please provide the communication details below.**

|  |  |
| --- | --- |
| **Company/Site Name:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Address 1:**  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Address 2:**  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Town/City:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Postcode:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Country:** | Click or tap here to enter text. |

**1.4 Contact Details For Invoice**

## Is the contact given in the Application Details Section authorised for invoicing communications regarding this registration?

**Tick "Yes" if the person named as the applicant will also be the person to whom communications should be directed.**

[ ]  Yes [ ]  No

**If then ‘No’, please provide the communication details below.**

|  |  |
| --- | --- |
| **Company/Site Name:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Address 1:**  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Address 2:**  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Town/City:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Postcode:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Country:** | Click or tap here to enter text. |

**4.0 Declaration**

****

Each new nominee for Wholesale Dealer’s Qualified Person must complete the details in the declaration box below and sign and date the declaration.

|  |
| --- |
| I confirm that the information submitted about me in response to the questions in the form which this declaration forms a part of are to the best of my knowledge and belief correct, complete, true and accurate. I agree to be nominated as Wholesale Dealer’s Qualified Person. |
| **Signed (Nominated Wholesale Dealer’s Qualified Person)** |  | **Date** |  |
| **Print Name** |  |
| **Signed (Applicant)** |  | **Date** |  |
| **Print Name** |  |

**Declaration**

I/We apply for the grant/variation of an authorisation for Wholesale Distribution to the proposed holder named in this application in respect of activities to which the application refers.

The activities are to be only in accordance with the information set out in the application or furnished in accordance with it.

I declare that the information I have given in this submission is correct, truthful and complete. I understand that I must promptly tell the MHRA if any of the details I have provided in this submission change. I understand that if I have knowingly provided false information I may be liable to prosecution or other action.

Signed for and on behalf of the company.

Company:

Name (in block letters):

Signature:

Title:

Date:

**Please return the application form along with supporting documentation to:**

**E-mail:** pcl@mhra.gov.uk

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