

External User Guide

Modifying of Pharmaceutical Facility License

1. Service Overview

Enables pharmaceutical establishment to obtain necessary approvals to add area extensions of the establishment.

2. Service Channel



Website

3. Service Target Audience



Facility

4. Service Prerequisites

1

Facility must have a valid license for 6 months.

2

Area extension of pharmaceutical facilities can be done only after obtaining the final approval of the site plan from MOHAP engineers.

3

Only the building number in the establishment details could be changed in this request.

4

15 days will be given to complete payment of service fees after which the application will be deactivated and auto cancelled.

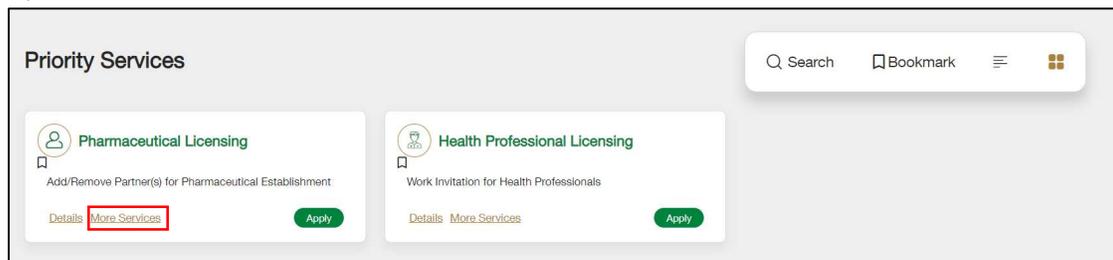
5. Service Outputs



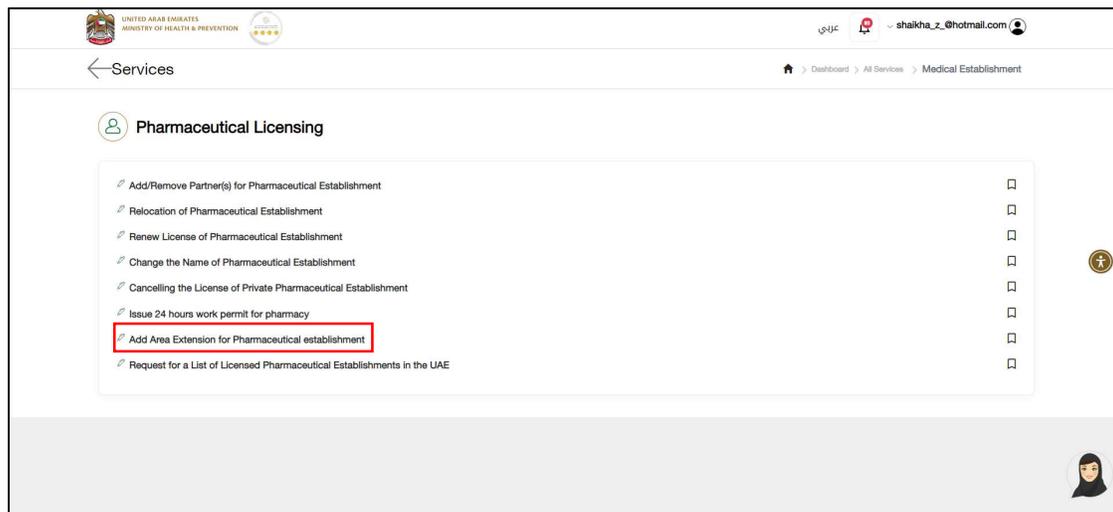
Attested Croak Plan.

6. Submit Service Request

Open the form from the services list

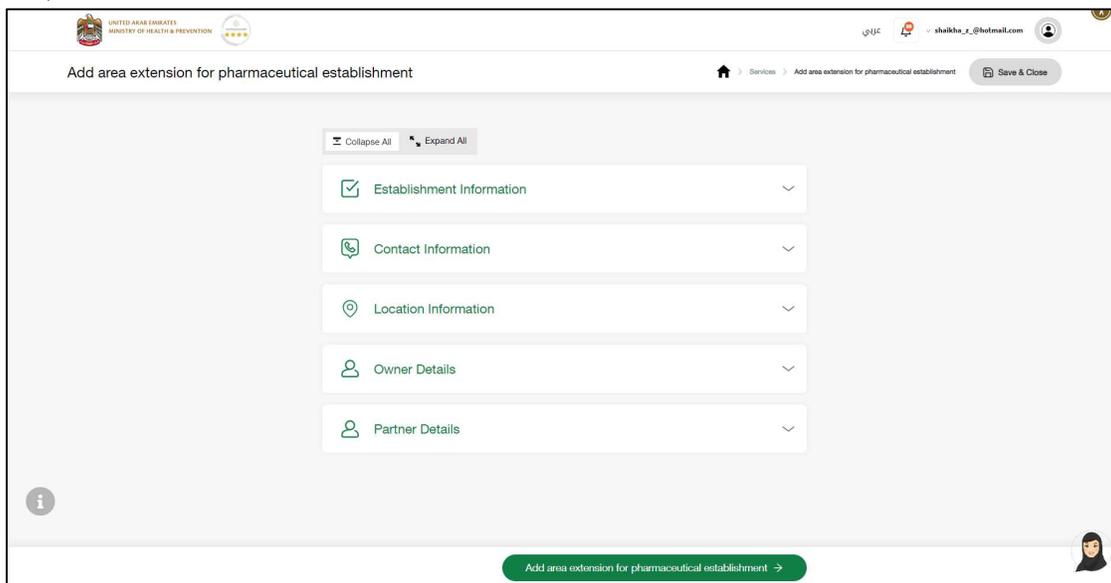


Click on the “More Services”



Clicks on the apply for “Add Area Extension for Pharmaceutical establishment” button.

Start the application process by reviewing your details and clicking on “Add area extension for pharmaceutical establishment”



Fill in the reason of requesting an area extension and self-evaluation

Request Information

Reason for Area Extension

Initial License Information

Initial License Number	Area
FZ-1015	Dubai Aviation City
Issue Date	Expiry Date
25/02/2024	24/02/2025

Reason For Area Extension

write the reason

Next

Self Evaluation

Complete Progress 0%

Basic Information Attachments Preview

Disclaimer

I am the undersigned, I work in the aforementioned pharmaceutical facility, I acknowledge according to this undertaking that all the information and data described above are correct and in conformity with reality, and if it is proven otherwise, the Ministry of Health and Prevention has the right to take what it deems appropriate, knowing that all the conditions and standards required are explained and clarified to me by MCHAP inspectors.

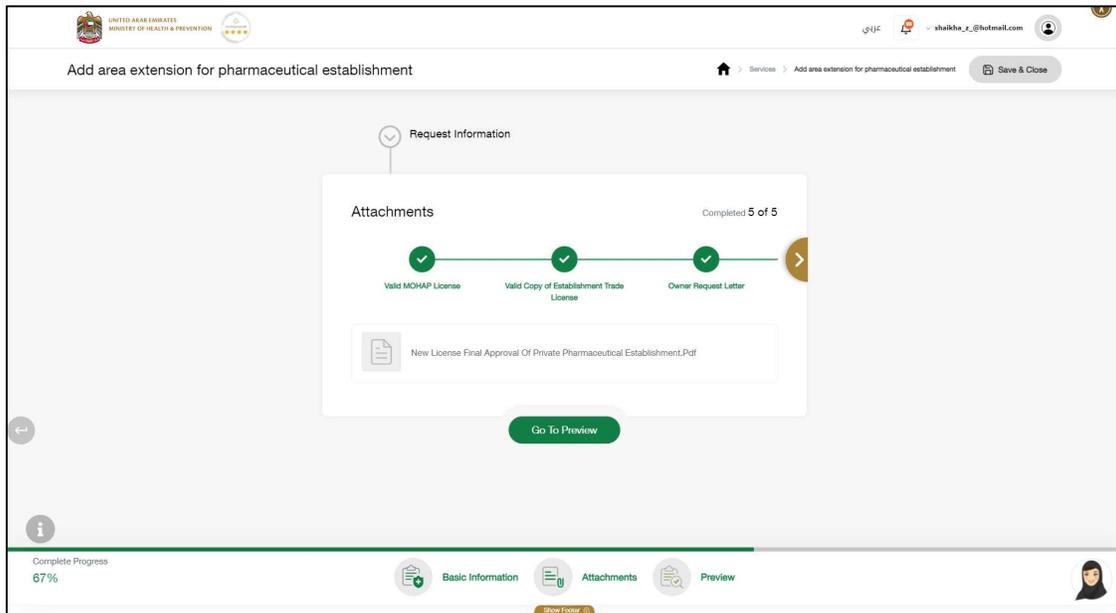
I have read Ministerial Circular No. (932) for the year 2012 regarding the health and technical conditions that must be met in private pharmacies, and I will abide by what is stated therein.

Yes, I Understand

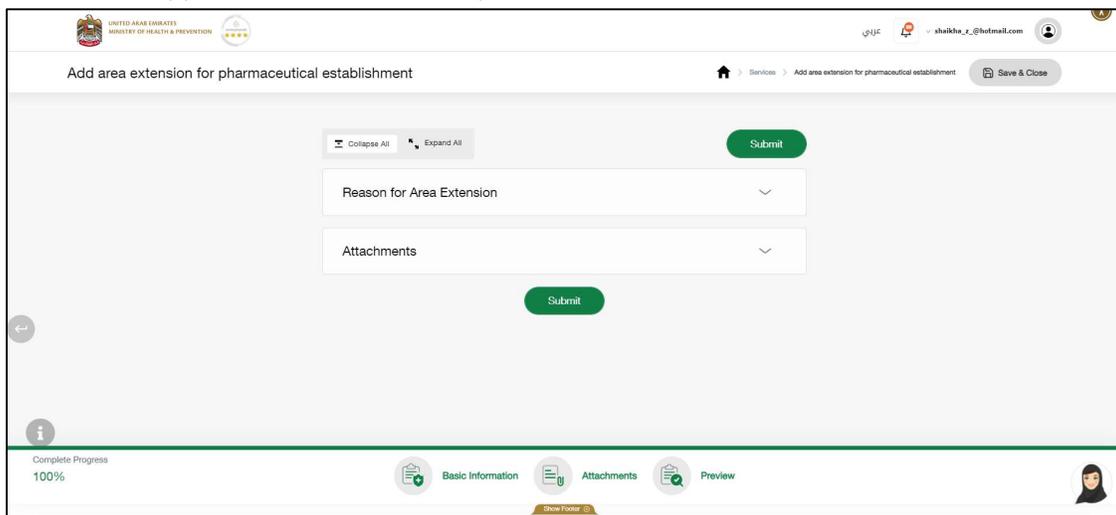
Complete Progress 0%

Basic Information Attachments Preview

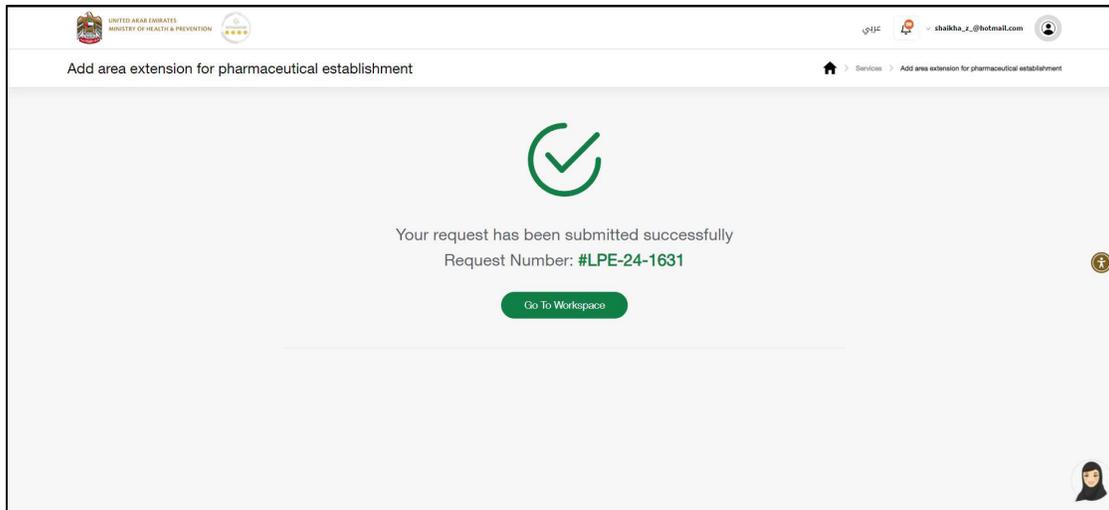
Upload the required attachment(s)



Preview the application and edit it if required

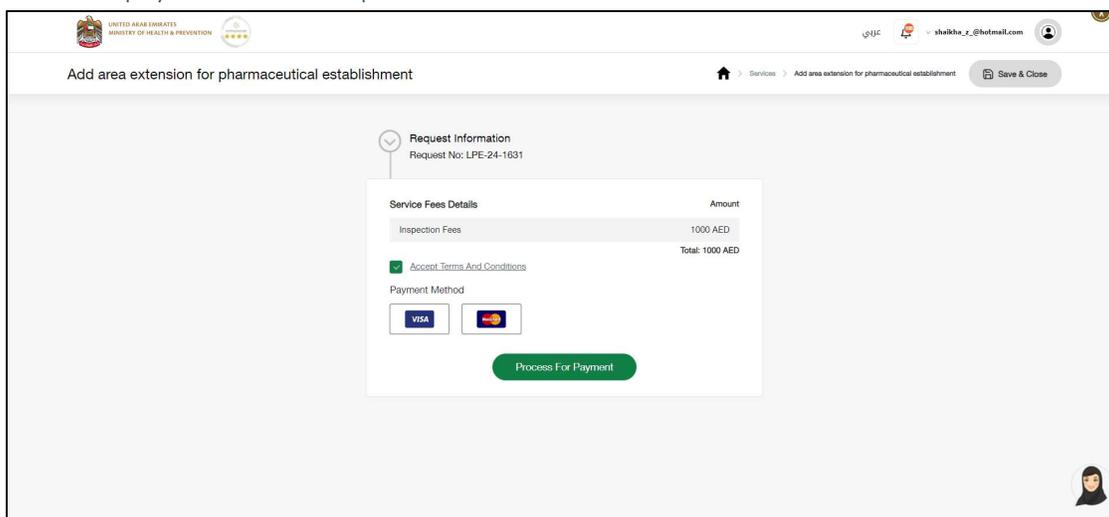


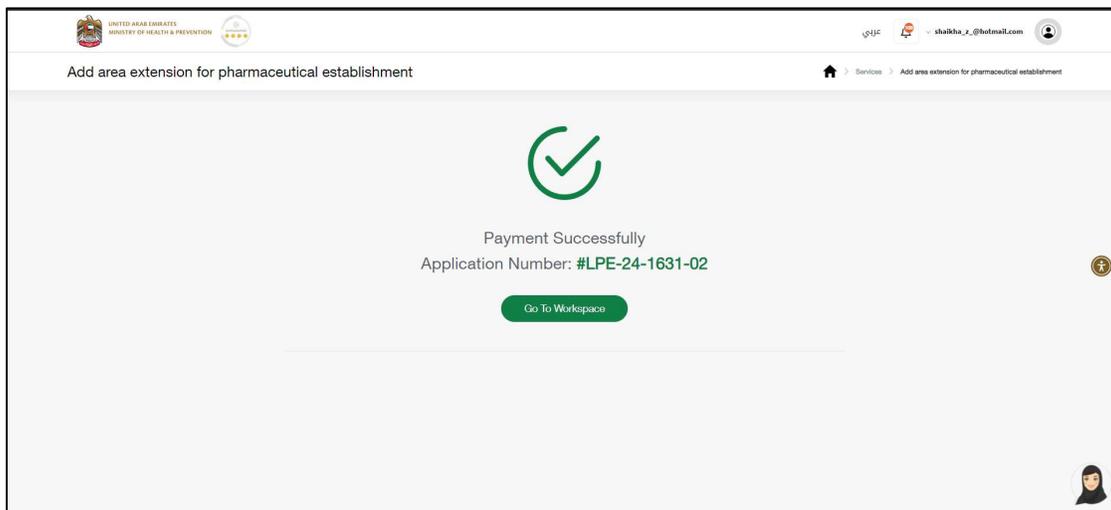
Submit the application for review



Final Inspection

Make the payment for the inspection fees





Once your request is approved, you can download the certificate from the 'My certificate' section.

Download the approval letter(s) or certificates

