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| **Application for Non-Orthodox Practitioners Authorisation** |

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| **Section 1 Company information** | | | |
| *Registered Company Name:* | | | |
|  | | | |
| *Address:* | | | |
|  | | | |
| *Company contact person:* |  | | |
| Telephone/Mobile: |  | E-mail: |  |
| Trading Style: |  | | |

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| **Communications and/or invoicing address (if different)** |
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| **In case of person applying on behalf of the proposed registration holder** | | | |
| *Name of the contact:* | | | |
| ***Contact details:*** | | | |
| Telephone/Mobile: |  | E-mail: |  |

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| **Application Date** |  | **Purchase Order Number** |  |

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| **Documentation** | Certificate of Incorporation issued by Companies House or similar document for Partnerships/Sole Traders. |  |

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| **For advice or assistance please e-mail:** [pcl@mhra.gov.uk](mailto:pcl@mhra.gov.uk) |
| **Application for new Non-Orthodox Practitioners Authorisation** |

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| **Section 2 Site Information** |

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| **2.1** | The address of the storage site(s) where I intend to hold  products to be used in mixing and assembling the products is  as above. |  |

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| **2.2** | The address of the premises where I intend to mix and assemble  medicinal products of a class which may be lawfully supplied from  premises other than a registered pharmacy is as above. |  |

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| **2.3** | The address of premises where I intend to supply medicinal products  I have mixed and assembled to people which have asked me, in my  presence to use my judgement as to the treatment they or a member of their household require is as above. |  |

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| *Site Name:* |
| *Address:* |
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| **Section 3 Additional Site Information** |

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| **3.1** | **Storage Site** |  |
| **3.2** | **Mixing and assembly Site** |  |
| **3.3** | **Supply Site** |  |

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| *Site Name:* |
| *Address:* |
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| **Application for new Non-Orthodox Practitioners Authorisation** |

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| **Section 4 Declaration** |

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| I/We apply for the grant of a Non-Orthodox Practitioners licence (NOP) to the proposed holder named in this application form in respect of the activities to which the application refers.  To the best of my knowledge and belief the particulars I have given in this form are correct, truthful and complete.  The applicant undertakes to ensure fulfilment of the obligations arising by virtue of the terms and conditions of the licence. | | | |
| **Signed** |  | **Date** |  |
| **Print Name** |  | **Job Title** |  |

Version 3.0 Updated 22/09/2025