



**NATIONAL CAPITAL DISTRICT COMMISSION**  
COMPLIANCE DIRECTORATE  
LICENSING DIVISION

## **CHECKLIST**

### **APPLICATION FOR LICENSE TO TRADE AS PHARMACY**

NEW     CHANGE OF MANAGEMENT     NEW OWNERSHIP     ADDITIONAL ACTIVITY

**APPLICATION WILL NOT BE ACCEPTED IF CHECKLIST IS INCOMPLETE**

No.	Document Name	Responsible	Enclosed/ Indicate	Note	Office Use Only
01	Application FORM.1	NCDC		Completed, signed and dated	
02	Physical Planning Approvals	NCDC		Applicable if land use changes	
03	Building Authority Approvals	NCDC		Applicable if structural changes occur	
04	Land Title/Lease Agreement	Landlord		Valid	
05	Pharmaceutical License	NDoH-Pharmacy Board		Valid	
06	Certificate of Incorporation	IPA		Local and Foreign Companies	
07	Company Extract	IPA		Local and Foreign Companies	
08	Certificate of Registration of Business Name	IPA		Valid	
09	Certificate Permitting Foreigners to Operate Business in PNG	IPA		Applicable for Foreign Enterprise	
10	Land Tax & Garbage Rate	NCDC		Evidence of payment	
11	Copy of License for previous operator	Applicant		Application if COM/New Ownership	

Processed by: .....  
Customer Services Officer

Date: ...../...../20.....

Checked by: .....  
Co-ordinator – Administration

Date: ...../...../20.....