To be completed by all Pharmacies / Warehouses / Health Centers
(Even if no disposal form is submitted for the quarter, this checklist must still be filled and emailed to: medicine.disposal@mfda.gov.mv)

Medicine Disposal Declaration Form

Name of Pharmacy / Warehouse / Health Center: _____

Address: _____

Responsible Person (Name & Contact): _____

Email Address: _____

Quarter (tick one):

☐ Q1 (Jan – Mar) – Submission by 10 April

☐ Q2 (Apr – Jun) – Submission by 10 July

☐ Q3 (Jul – Sep) – Submission by 10 October

☐ Q4 (Oct – Dec) – Submission by 10 January (following year)

Disposal Form Submission Status

☐ Yes – Disposal form(s) for this quarter have been submitted.

- Form Reference Number(s): _____

- Date(s) Submitted: _____

☐ No – No disposal form for this quarter.

Declaration

I hereby confirm that the above information is true and accurate.

Name & Designation: _____

Signature & Date: _____