**Application Form**

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| medicinal cannabisApplication to change the directors or partnersRegulation 47, Misuse of Drugs (Medicinal Cannabis) Regulations 2019 | DP |

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| **INFORMATION FOR APPLICANTS** |
| * Use this application form to make an application to change the directors of the body corporate or partners of a partnership in relation to a current medicinal cannabis licence. Read the *Guidance for applicants for a medicinal cannabis licence* documentbefore completing this application.
* Regulation 47 of the Misuse of Drugs (Medicinal Cannabis) Regulations 2019 specifies the changes to a licence that require prior approval and therefore an application to amend the licence must be made.
* You must submit the application to the Medicinal Cannabis Agency (the Agency) at least 60 days before the proposed changes are intended to take effect.
* At least one director must be a resident in New Zealand.
* The proposed changes **must not** be implemented until approval is granted.
* During the assessment of the application to change directors or partners, the Agency may request further information from you.
* Information you provide in the application to change directors or partners may be shared with other agencies, including the New Zealand Police and the Ministry for Primary Industries.
* If you are intending to make additions to the directors of the body corporate or partners of a partnership, these persons will be required to undergo Ministry of Justice checks.
* You must provide identification documents for each of these persons. The required identification documents are described in section A4.2 of application form A.
* The fee for the initial check of the application ($345, including GST) applies to changes to directors, or partners.
* No other fees are required.
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| **INSTRUCTIONS FOR COMPLETING THE APPLICATION** |
| * Complete all sections of the form.
* While this form provides space for you to enter the required information, you can also present the information as clearly marked separate attachments.
* Some changes may require you to resubmit material you have previously provided to the Agency to support the submitted application.
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# Section DP1: Application contact person

The contact person will be the person who the Agency will communicate with on all matters to do with this application.

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| Given name(s): |  |

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| --- | --- |
| Surname: |  |

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| --- | --- |
| Position title: |  |

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| --- | --- |
|  Phone: |  |

|  |  |
| --- | --- |
|  Email: |  |

# Section DP2: Current licence

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| Name of licence holder: |  |

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| Current licence number: |  |
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# Section DP3: Change(s) requested

**DP3.1** Directors or partners to be removed (if applicable):

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| **DP 3.2** Full name and email address of director or partner to be added (if applicable): [Note: all the directors or partners must be over the age of 18 years.] |
|  Name: |  |
|  Email: |  |
|  |  |
|  Name: |  |
|  Email: |  |

[Continue on additional sheets if necessary.]

**DP3.3** Attach any additional documents required for the requested change(s).

* Complete and submit identification documents for each new director or partner.

# Section DP4: Statutory Declaration

I, *[full name*]

of *[place] [occupation]*

solemnly and sincerely declare that I am authorised to complete this application to amend the current medicinal cannabis licence on behalf of the licence holder, and I:

1. agree to provide any further information as required by the Licensing Authority
2. agree the information provided in this application may be shared with other agencies including the New Zealand Police and the Ministry for Primary Industries
3. declare the information I have supplied in this application is, to the best of my knowledge and belief, true and correct in every particular, and I make this declaration in the knowledge that a person making a false declaration is liable to prosecution under section 15 of the Misuse of Drugs Act 1975 (False Statements).

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature Date

(An electronic signature is acceptable)

Declared at (place – for example, name of town or city): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before me (name of official witness)[[1]](#footnote-2), [[2]](#footnote-3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of official witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (An electronic signature is acceptable)

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| CHECKLIST |
| Before submitting the application, check that the following sections are completed and that you have attached the documents listed.☐ Sections DP1 to DP4.☐ Identification documents are provided for company directors and/or partners affected by the change. |

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| **HOW TO SUBMIT APPLICATION FORM** |
| * Save the completed application form as a Word or copy-enabled PDF document.
* Do not submit photos of the application form.
* Attach supporting documents as separate, appropriately referenced documents. Do not submit supporting documents altogether as a single document. This delays the assessment.
* Email the completed application form and supporting documents to the Medicinal Cannabis Agency (medicinalcannabis@health.govt.nz).
* If you are unable to email the application form and supporting documents, you can post a copy to:

Medicinal Cannabis AgencyMinistry of HealthPO Box 5013Wellington 6145* Keep a copy of the completed application form and supporting documents for your records.
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1. Authorised witnesses include (see [section 9 of the Oaths and Declarations Act 1957](http://www.legislation.govt.nz/act/public/1957/0088/latest/DLM314584.html) for complete list):

• a justice of the peace (JP)

• a solicitor or notary public — you may have to pay for their services

• a Registrar or Deputy Registrar of the District Court or the High Court

• authorised staff in some government agencies. [↑](#footnote-ref-2)
2. The application may be returned if the declaration has not been witnessed by an official witness. [↑](#footnote-ref-3)