**《药品经营许可证》项目变更申请表**

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| **原**  **证**  **情**  **况** | **企业名称** |  | | |
| **隶属单位** |  | | |
| **经营范围** |  | | |
| **注册地址** |  | **联系电话** |  |
| **法定代表人** |  | **负 责 人** |  |
| **经济类型** |  | **证    号** |  |
| **变**  **更**  **项**  **目** | **企业名称** |  | | |
| **注册地址** |  | | |
| **法定代表人** |  | | |
| **企业负责人** |  | | |
| **质量负责人** |  | | |
| **经营范围** |  | | |
| **仓库地址** |  | | |
| **申请人（签章）：**  **年     月     日    （公章）** | | | |