



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## APPLICATION FORM TO OBTAIN AUTHORIZATION FOR TRANSFER OF/AMENDMENT/CHANGE IN LICENSE

### 1. Particulars of the Licensee:

|             |  |          |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |
|-------------|--|----------|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|
| Name        |  | CNIC No. |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |
| Designation |  |          |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |
| Address:    |  |          |  |  |  |  |  |  |  |  |  |  | Contact No. |  |  |  |  |  |  |  |
|             |  |          |  |  |  |  |  |  |  |  |  |  | Fax No.     |  |  |  |  |  |  |  |
|             |  |          |  |  |  |  |  |  |  |  |  |  | E-mail      |  |  |  |  |  |  |  |

### 2. License Information:

|  |  |                        |  |
|--|--|------------------------|--|
| a. Date of Initial Licensing with PNRA |  | b. License No.         |  |
| c. Date of Issuance of Current License |  | d. Validity of License |  |
| e. Purpose of License                  |  |                        |  |

### 3. Details of Transfer of/Amendment/Change in License:

|   |  |
|---|--|
| a. Transfer to Next of Kin <input type="checkbox"/>                                   | b. Change in Location of the Facility <input type="checkbox"/>       |
| c. Transfer/Sell out to any other person on current location <input type="checkbox"/> | d. Change in Scope of License/Authorization <input type="checkbox"/> |

#### a. Transfer to Next of Kin

|                |  |          |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |
|----------------|--|----------|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|
| Name           |  | CNIC No. |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |
| Blood Relation |  |          |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |
| Designation    |  |          |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |
| Address:       |  |          |  |  |  |  |  |  |  |  |  |  | Contact No. |  |  |  |  |  |  |  |
|                |  |          |  |  |  |  |  |  |  |  |  |  | Fax No.     |  |  |  |  |  |  |  |
|                |  |          |  |  |  |  |  |  |  |  |  |  | E-mail      |  |  |  |  |  |  |  |

#### b. Change in Location of the Facility\*\*

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| New Address of the Facility (Including Tehsil & District) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reason  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

#### c. Transfer/Sell out to any other person on current location\*

##### Particulars of the individual to whom the license will be transferred

|   |  |          |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |
|---|--|----------|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|
| Name                                      |  | CNIC No. |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |
| Designation                               |  |          |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |
| Address:                                  |  |          |  |  |  |  |  |  |  |  |  |  | Contact No. |  |  |  |  |  |  |  |
|   |  |          |  |  |  |  |  |  |  |  |  |  | Fax No.     |  |  |  |  |  |  |  |
|   |  |          |  |  |  |  |  |  |  |  |  |  | E-mail      |  |  |  |  |  |  |  |
| In Case of Change in Name of the Facility |  |          |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |
| Current Name of the Facility              |  |          |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |
| New Name of the Facility                  |  |          |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |

#### d. Change in Scope of License/Authorization\*\*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Current Scope of License/Authorization |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| New Scope of License/Authorization     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reason for Change                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

4. Provide details/documents regarding assessment of impact on safety and security due to the proposed amendment (if applicable):

.....  
 .....  
 .....

5. Transfer/Amendment Fee Information\*:

a) Transfer/Amendment/Change in License/Authorization Fee may be submitted via Askari Bank (All branches). The Askari bank challan may be obtained from respective Regional Directorate or may be downloaded from: <https://www.pnra.org/bankChalan.asp>

OR

b) Transfer/Amendment/Change in License/Authorization fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. In this case, please provide the following details:

Pay Order/Bank Draft No.: .....  
 Amount: .....  
 Date: .....  
 Name of the Bank: .....

I hereby confirm that all the particulars given by me in this application are true and correct.

Signature of the Licensee: \_\_\_\_\_

Dated: \_\_\_\_\_

Seal of Office: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check CNIC of next of kin in case of transfer to next of kin: Yes  No

Note: Use supplemental sheets where necessary. Mail the completely filled application form along with above mentioned documents to the concerned Regional Directorate of the Authority.

\* In case of 3(b), (c) and (d), fee for transfer/ amendment/ change in license/ authorization will be applicable.

# In case of 3(b) and (d), submission of assessment report regarding impact on safety and security due to the proposed amendment/ change along with relevant documents will be applicable.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- **RNSD-I**, PNRA Headquarter, Mauve Area, G-8/1, Islamabad  
 Phone No.: 051-9263019 Fax No.: 051-9263009 Email: [rnsd1@pnra.org](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site , Kundian, District Mianwali  
 Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto:rnsd2@pnra.org)
- **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi  
 Phone No.: 021-99266282 Fax No.: 021-99266280 Email: [rnsd3@pnra.org](mailto:rnsd3@pnra.org)