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| Format: QMS/FMT/002Revision No: 1Effective Date:16/08/2022 | Department/Division/Office/ Unit | Food and Drugs Inspection and Safety Monitoring/ Pharmacovigilance and Safety Monitoring |
| **Document Type:** Form | Doc. No  | **:** FDISM/PVSM/FOM/010 |
|  | Title: **APPLICATION FORM FOR APPROVAL OF PROMOTIONAL MATERIALS** | Revision Number  | : 01 |
| Revision Date  | : 19/09/2022 |
| Effective Date  | : 10/10/2022 |
| Review Due Date | : 09/10/2025 |
| Ref Doc. | : FDISM/PVSM/GDL/011 |

1. **Applicant Particulars**

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| Name of applicant:..........................................................................................................................................Address: .........................................................................................................................................................Contact person: ......................................................E-mail: ...........................................................................Telephone Number: .............................................. Fax Number: ................................................................... |
| **2. Sponsor particulars ( if different from applicant)**  Name of applicant:......................................................................................................................................... Address: ........................................................................................................................................................ Contact person: ......................................................E-mail: .......................................................................... Telephone Number: .............................................. Fax Number: ................................................................. |

**3. Product particulars**

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| **Product category** (please tick the appropriate box)Human Medicine [ ] Veterinary Medicine [ ] Herbal Medicines [ ] Traditional Medicine [ ] Medical Device [ ] Cosmetic [ ] Food Products [ ] Food Supplements [ ] Other [ ] Specify:........................................................................................................................................................**Product Name(s):** ...........................................................................................................................................................................................................................................................................................................**Product registration numbers:** .....................................................................................................................................................................................................................................................................................**4. Advertisement/Promotion**Type of Advertisement: ..............................................................................................................................Channel of advertisement:...........................................................................................................................Target audience: ………………………………………………………………………………………….**5. Type of material:** (please tick the appropriate box)Poster [ ] Leaflet[ ] Cinema [ ] Outdoor/ billboard [ ] In /On Public Transport[ ] Magazines/ Newspaper [ ] Litterature [ ] Radio [ ] Television [ ]Other [ ] please specify ............................................................................................................................. |
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**6. This form shall be accompanied by: (Please tick the enclosed requirements)**

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| [ ] A copy of the proposed advert ( Script, Audio tape, CD, VCD, DVD, Video casette.)[ ] Current indications of use as indicated on Certificate of Registration (where applicable) [ ] Valid copy of certificate of product registration [ ] Valid copy of premise/operational license [ ] Valid copy of the degree of qualified personnel in charge promotion/ who approves the promotional message[ ] Copy of any research/ surveys/ data mentioned in advertisement(Note- further evidence to be provided if requested).[ ] Copy of previous approval (if the advert is a renewal)[ ] Copy of approval for the use of a restricted / prohibited claim (if applicable).[ ] Application fee. |

**Applicant Declaration**

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| I, ..........................................................................................................declare that the information contained within this apllication is true and correct.Signed: .............................Date: ................................ |