



**APPLICATION FORM FOR THE ADVERTISEMENT OF DRUGS,
COSMETICS, HOUSEHOLD CHEMICALS AND MEDICAL DEVICES**

1. Type of product (Tick as appropriate)

Drug

PoM

P

OTC

Veterinary

Herbal

Homeopathic

Food Supplement

Medical Device

Cosmetic

Household Chemical substance

2. Presentation or Dosage Forms (Tick as appropriate).

- a. Tablets
- b. Suspension
- c. Cream
- d. Lotion
- e. Powder
- f. Soluble concentrates
- g. Capsules
- h. Syrup
- i. Ointment
- j. Caplets
- k. Aerosols
- l. Liquids

3. Product details

a. Brand name

b. Generic name

c. Product Registration Number

NB: Please attach a photocopy of the valid certificate of registration of the product.

4. Particulars of Advertising Agency/Company

Name.....

Address.....

Telephone.....

Fax.....

email.....

5. Proposed media for advertisement:

TV

Radio

Billboard

Posters/Flyers

Newspaper/Magazine

Other (please specify).....

6. Proposed language(s) for advertisement ò ò ò ò ò ò ò ò ò ò ò ò ò ò

7. Is product imported? Yes No

If yes, give particulars of importer

Name.....

Address.....

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Telephone number.....

8. Particulars of Manufacturer

Name.....

Address.....

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Telephone number.....

9. Particulars of Local Distributor

Name.....

Address.....

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Telephone number.....

10. Does this advertisement mention any of the diseases listed in Schedule 5 of the Public Health Act, 2012, Act 851?

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11. State any known side-effects of the drug.....

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12. Any other remarks (e.g. justification for any special claims)

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A type-written copy of the script or story sketch should be submitted with application.

Declaration

I/We, the undersigned, hereby declare that all information contained herein is correct and true.

Name:.....

Position:.....

Signature:.....

Date:.....

Official Stamp: