FIRST SCHEDULE

————————

(Made under regulation 7 (4))

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TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY

APPLICATION FORM FOR APPROVAL OF PROMOTIONAL MATERIALS

NB: Giving false or misleading information is a serious offence

(All information supplied in this form must be either typed or written in block capital letters.)

Applicant Particulars

Name of applicant:……………………………………………………………………. …….….…….......
Address: ……………………………………………………………………………………….……........
…………………………………………………………………………………………….……......
Contact person: ……………………………….…………..E-mail:………………………....………….....
Telephone Number: …………………….................... Fax Number: ...…………..………….…..

Sponsor Particulars (if different from the applicant)

Name of Sponsor:………………………………………………………….……… …….……….....
Address: ………………………………………………………………………………….……......
…………………………………………………………………………………..……...
Contact person: ……………………………. E-mail:……………………………. ……..……….
Telephone Number: …………………. Facsimile Number: ...…………..……..………..……………

Product Particulars

Distribution category (please tick the appropriate box)
Prescription Only Medicine   [   ] Pharmacy Only Medicine [   ]
General Sales Medicine [   ] Controlled Medicines   [   ]

Product Name/s …………………………………………………………………….……………………
Registration number………………………………………………………………………….............

Name of registration holder………………………………………….……..…..…………......

Active ingredient(s) and strengths of the product

1. …………………………………….....................………………………………………..
2. …………………………………….....................………………………………………..
3. …………………………………….....................………………………………………..
4. …………………………………….....................………………………………………..

Type of material: (please tick the appropriate box)

Poster [   ] Leaflet [   ] Cinema [   ] Outdoor/Billboard [   ] In/On Public Transport[   ]

Magazines/Newspaper [   ] Literature [   ] Radio [   ] Television [   ]

Other [   ] please specify …………………………………………………..……………...

This form shall be accompanied by:

NB: Please tick or mark X on Checklist

[   ] A copy of the proposed advert (Script, Audio tape, CD, VCD, Video cassette.)

[   ] Current indications of use as indicated on Certificate of Registration (where applicable).

[   ] 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 reminder)

[   ] Copy of approval for the use of a restricted/prohibited claim (if applicable).

[   ] Application fee.

Applicant declaration

I, ………………………………………………………………..declare that the information

contained within this application is true and correct.

Signed: ………………………………...………   Date:……………………………...................

FOR OFFICIAL USE ONLY

Fees Tshs.…………………….....   Receipt No…………….............. of …………….…..………

Permit granted/not granted because…………………………………….………..…..……………

……………………………………………………………………………….…..…. ……………….

Permit No………………….... Approved by …………………............of ……………………….....

……………………….......………   ………………………………….…………….…............

Date   Director General