



MEDICINES CONTROL AGENCY

Kairaba Avenue, K.S.M.D. Pipeline, The Gambia. Telephone: (+220)4380632, www.mca.gm

APPLICATION FOR ADVERTISEMENT

Human Medicine **Veterinary Medicine** **Related Product**

ADVERTISEMENT FOR: **General Public** **Health Professional**

MCA Product Registration Number

| |
|---|
| Brand Name |
| Generic Name |
| Product description |
| Indication(s) of product to be advertised |

APPLICANT

| |
|--------------------------------------|
| Name |
| Address + Full Contact Details |
| Tel Email Website |

STATUS OF APPLICANT

| | | |
|---|---|---|
| Manufacturer <input type="checkbox"/> | Marketing Authorisation Holder <input type="checkbox"/> | Pharmaceutical Company <input type="checkbox"/> |
| Importer <input type="checkbox"/> | Local Agent <input type="checkbox"/> | |
| Other <input type="checkbox"/> (please specify) | | |

PRODUCT

| | | |
|---|---|---|
| Allopathic Medicine <input type="checkbox"/> | Herbal Medicine <input type="checkbox"/> | Nutritional Supplement <input type="checkbox"/> |
| Homoeopathic Medicine <input type="checkbox"/> | Medical device <input type="checkbox"/> | Cosmetic <input type="checkbox"/> |
| Diagnostic Product/Agent <input type="checkbox"/> | Household Chemical Substance <input type="checkbox"/> | |

DISPENSING CATEGORY

| | |
|--|---|
| Prescription Only Medicines (POM) <input type="checkbox"/> | Over The Counter Medicines (OTC) <input type="checkbox"/> |
| Pharmacy Only Medicine (PM) <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |

MEDIA FOR ADVERTISEMENT

| | | | | |
|---|--|--|---------------------------------|---|
| Television <input type="checkbox"/> | Radio <input type="checkbox"/> | Newspaper <input type="checkbox"/> | Online <input type="checkbox"/> | Professional Journal <input type="checkbox"/> |
| Billboards <input type="checkbox"/> | Posters/Flyers/Leaflets <input type="checkbox"/> | Conference/Meeting/Exhibition <input type="checkbox"/> | | |
| Other <input type="checkbox"/> (please specify) | | | | |

TYPE OF ADVERTISEMENT

| | | | | |
|---|--------------------------------------|--------------------------------------|-----------------------------------|---------------------------------|
| Written text <input type="checkbox"/> | Spoken text <input type="checkbox"/> | Pictographs <input type="checkbox"/> | Pictures <input type="checkbox"/> | Videos <input type="checkbox"/> |
| Other <input type="checkbox"/> (please specify) | | | | |

LANGUAGE(S):

| | | | |
|---|--------------------------------|-----------------------------------|-------------------------------|
| English <input type="checkbox"/> | Wolof <input type="checkbox"/> | Mandinka <input type="checkbox"/> | Fula <input type="checkbox"/> |
| Other <input type="checkbox"/> (please specify) | | | |

DOCUMENTS AND MATERIALS SUBMITTED

| | | |
|--|--|--|
| Professional Information/SmPC <input type="checkbox"/> | Other Product Information <input type="checkbox"/> | Product Sample <input type="checkbox"/> |
| DVDs/CDs/Flash Drive <input type="checkbox"/> | Electronic Files <input type="checkbox"/> | Pictures/ Pictographs <input type="checkbox"/> |
| Other <input type="checkbox"/> (please specify) | | |

TO SUBMIT A SAMPLE OF THE TEXT/WORDING/PICTOGRAPHS/PICTURES OF ADVERTISEMENT (as applicable)

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

Signature of Applicant: Date:

OFFICIAL USE

| | | | |
|-----------------------|--|------------------------|--|
| Application no: | | Application fee: | |
| Dates of | | | |
| Receipt | | Conditional approval | |
| Rejection | | Approval | |

Signature of Executive Director: Date: