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**MEDICINES CONTROL AGENCY**

Kairaba Avenue, K.S.M.D. Pipeline, The Gambia. Telephone: (+220)4380632, [www.mca.gm](http://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 Marketing Authorisation Holder Pharmaceutical Company  Importer Local Agent  Other  (please specify) |

**Product**

|  |
| --- |
| Allopathic Medicine Herbal Medicine  Nutritional Supplement  Homoeopathic Medicine Medical device  Cosmetic  Diagnostic Product/Agent Household Chemical Substance |

**Dispensing Category**

|  |  |
| --- | --- |
| Prescription Only Medicines (POM) | Over The Counter Medicines (OTC) |
| Pharmacy Only Medicine (PM) Not Applicable | |

**Media for advertisement**

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| --- |
| Television Radio Newspaper OnlineProfessional Journal  Billboards Posters/Flyers/Leaflets Conference/Meeting/Exhibition  Other  (please specify) |

**Type of advertisement**

|  |
| --- |
| Written text Spoken text Pictographs PicturesVideos  Other  (please specify) |

**Language(s):**

|  |
| --- |
| English Wolof Mandinka Fula  Other (please specify) |

**Documents and Materials submitted**

|  |
| --- |
| Professional Information/SmPC  Other Product Information  Product Sample  DVDs/CDs/Flash Drive  Electronic Files  Pictures/ Pictographs  Other  (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: