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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**

|  |
| --- |
| Television **[ ]** Radio **[ ]** Newspaper **[ ]** Online **[ ]** Professional Journal **[ ]** Billboards **[ ]** Posters/Flyers/Leaflets **[ ]** Conference/Meeting/Exhibition **[ ]** Other **[ ]**  (please specify)  |

**Type of advertisement**

|  |
| --- |
| Written text **[ ]** Spoken text **[ ]** Pictographs **[ ]** Pictures **[ ]** Videos **[ ]** 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: