

Form: XVIII-CAM
Regulation Section: 183

APPLICATION FOR CLEARANCE FOR ADVERTISEMENT OF MEDICINAL PRODUCTS

I/we hereby apply for authorization to advertise the following medical product;

i. Name of the Product:

ii. Contents of the Advertisement (*how it will appear to the public*)

.....
.....
.....
.....

(Use additional sheet if required)

iii. Copy of the Clinical Evidence of the product applied for (*if any*)

Declaration (please tick the boxes):

I hereby declare that the documents submitted above/all information provided is true to my knowledge and will be liable for any consequences if any information provided is proved to be false or misleading.

If my application is granted, I shall abide by the Medicines Act and Medicines Regulations and any other standards set by the Authority.

Signature:
Name of applicant:
Address:
Telephone No.:

Date: