

(Made under regulation 7 (4))

THE TANZANIA FOOD AND DRUGS 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

<p>Name of applicant:.....</p> <p>Address:</p> <p>.....</p> <p>Contact person: E-mail:.....</p> <p>Telephone Number: Fax Number:</p>
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Sponsor particulars (if different from the applicant)

<p>Name of Sponsor:.....</p> <p>Address:</p> <p>.....</p> <p>Contact person: E-mail:.....</p> <p>Telephone Number: Facsimile Number:</p>
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Product particulars

<p>Distribution category (please tick the appropriate box)</p> <p>Prescription Medicine [<input type="checkbox"/>] Pharmacy Only Medicine [<input type="checkbox"/>]</p> <p>General Sales Medicine [<input type="checkbox"/>] Controlled Medicines [<input type="checkbox"/>]</p> <p>Product Name/s</p> <p>Registration number.....</p> <p>Name of registration holder.....</p>

Active ingredient(s) and strengths of the product

- 1. 6.
- 2. 7.
- 3. 8.
- 4. 9.
- 5. 10.

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 byof

Date

Director General