 **FORM 8 ADVT**

**APPLICATION FOR ADVERTISEMENT OF MEDICINE OR ALLIED SUBSTANCE**

**1. Particulars of Applicant:**

(1) Name of applicant ………………………………...………………………………………………….

(2) Physical address/location………………………………………………………………………...

(3) Postal address …………………………………………………………………………………………

……………………………………………………………………………………………………………….

(4) E-mail address……………………………………………………………………………………….

(5) Full name and title of signatory…………………………………………………………………

……………………………………………………………………………………………………………….

**2. Description of Advertisement:**

 (1) Type of activity (ies) for which application is made

 *(Example launch, advertisement, talk-show, exhibition,)*

…………..…..…………………………………………………………………….

(2) Type of material (s) to be used (Attach 2 samples)

 *(Example: posters, literature, bags, calendars, audio, video)*

……………………………………………………………….……………………

(3) Medicine or allied substance name …………………………………….……………………..

(4) Language of the publication or advert…………………….…..……………………………..

(6) Intended target group

*(Example: Healthcare professionals, general public)*

 ……………………………………………………………………………….

(5) Date of application…………………………….… Signature …………………………

3. **For Official Use Only**

(1) Fees payable………………………………………..

(2) Receipt No………….………………………………. Date……………………………………

(3) PMRA entry No…………………………………………….

(4) Application and samples received by (name)……………………………………………..

Signature…………………………………. Date…………………………………