



PHARMACY AND MEDICINES REGULATORY AUTHORITY
Quality Medicines for Malawi

APPLICATION FOR ADVERTISEMENT OF MEDICINE OR ALLIED SUBSTANCE

1. Particulars of Applicant:

- (1) Name of applicant
- (2) Physical address/location.....
- (3) Postal address
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- (4) E-mail address.....
- (5) Full name and title of signatory.....
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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.....