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| --- | --- | --- | --- |
|  | **FOOD AND DRUGS AUTHORITY** | **DOC. TYPE: FORM** | |
| **DOC NO.: FDA/DRI/DMS/AP-ADV** | |
| **PAGE 1 OF 4** | **REV NO.: 00** |
| **EFFECTIVE DATE-02/2013** | |
| **TITLE: APPLICATION FORM FOR ADVERTISEMENT OF DRUGS, COSMETICS, HOUSEHOLD CHEMICALS AND MEDICAL DEVICES** | | | |

APPLICANTS FDA

CHECKLIST CHECKLIST

**CHECKLIST**

Covering Letter

Signed Declaration

Fully Completed Application Form

Advert Script.

Advert CD (For electronic media)

Copy of Registration Letter or Certificate

Samples Submitted (2 Samples)

Evidence of Payment of Required Fees

Authorization Letter (where applicable)

**1. Type of product** (Tick as appropriate)

**(a)Drug** PoM P OTC Veterinary

**(b)Herbal (c) Homeopathic (d) Food Supplement**

**(e) Medical Device**   **(f) Cosmetic**

**(g) Household Chemical substance**

**2. Presentation or Dosage Forms** (Tick as appropriate).

(a)Tablets (b) Capsules (c) Caplets (d) Syrup

(e)Suspension (f) Soluble concentrates (g) Powder (h) Lotion

(i) Ointment (j) Cream (k) Aerosols (l) Liquids

(m) Other / specify: ……………………………………….

**3. Product Details**

1. Brand name ……………………………………………………………………………………
2. Generic name………………………………………………………………………………….
3. Product Registration Number………………………………………………………………..

***NB: Please attach a photocopy of the valid certificate of registration of the product.***

1. **Advert Details**

Has this advertisement been approved before? Yes No

Previous advertisement approval number if available: ……………………………..

1. **Particulars of organization applying for the advertisement**

Name……………………………………………………………………………………………… Address……………………………………………………………………………………………

Telephone…………………………………………………………………………………………

Email……………………………………………………………………………………………….

Please tick appropriately: Is this organization

The product License Holder/Product Applicant Manufacturer

Importer / Local Distributor Third Party

***\*If 3rd party provide a letter of Authorization***

1. **Proposed media for advertisement:**

TV Radio Billboard

Posters/Flyers Newspaper/Magazine Social Media Other (please specify)…….………………………………………………………………………..

1. **Proposed language(s) for advertisement** ……………………………………………….

1. Does this advertisement mention any of the diseases listed in Schedule 5 of the Public Health Act, 2012, Act 851?

……………………………………………………………………………………………………

1. State any known side-effects of the drug………………………………………………….

1. Any other remarks (e.g. justification for any special claims)

……………………………………………………………………………………………………

……………………………………………………………………………………………………

NB

1. A type-written copy of the script or story sketch should be submitted with the application.
2. All approved advertisement shall include the phrase “**This advertisement has been vetted and approved by the FDA**” (Refer Advertisement Approval statement attached)

**Declaration**

I/We, the undersigned, hereby declare that all information contained herein is correct and true.

Name:……………………………………………………………………………………………

Position:…………………………………………………………………………………………

Signature:…………………………………………………………………………………………

Date:……………………………………………………………………………………………… Official Stamp:

**ADVERTISEMENT APPROVAL STATEMENT**

**English : This advert is FDA approved.**

**Twi (Asante) : FDA agye adwadie nkratoɔ yi ato mu.**

**Fante : Nkrato yi FDA apen do.**

**Nzema : FDA ɛlie gualilɛ nolobɔlɛ ɛhye ɛdo nu.**

**Ewe : FDA da asi ɖe boblododo sia dzi.**

**Ga : FDA fi nɛkɛ adafitswaa nɛɛ sɛɛ.**

**Dagbani : FDA nim zaŋ bɛ nuu pa kɔhimma molo ŋɔ zuɣu**

**Hausa : Wannan Tallan ya sami Sahalewar Hukumar FDA.**

**Kasem : FDA sɛ se tɔla kanto ke.**

**Gurene (Farefari) : Mʊʊlegɔ wa de la FDA duma n bisɛ gee bo sore.**

**NOTE:** All other languages not specified above should be translated in a similar manner.