

**ADVERTISEMENT APPLICATION CHECKLIST FOR APPROVAL OF
MEDICINE ADVERTISEMENT BOARD**

Kindly ensure that each application is equipped with the following documents, mark (√) in the space of APPLICANT for documents that have been included and answer the MANDATORY QUESTIONS as below:

NO	MATTERS	APPLICANT	FOR OFFICE USE ONLY
1.	Form B.		
2.	5 copies of advertisement formats. (Internet website - 3 copies)		
3.	Bank Draft/money order/postal order worth RM300 made payable to ' KETUA SETIAUSAHA, KEMENTERIAN KESIHATAN MALAYSIA '.		
4.	Certificate of Incorporation.		
5.	1 copy of the translation of advertisement, if advertisement only involved Chinese or Tamil language.		
6.	<u>For Advertisement On Medical Product</u> i) Indication certificate approved by DCA ii) Product formula (ingredients) with complete content percentages up to 100%. iii) Labels and package insert which has been approved by the DCA.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.	<u>For Advertisement on Healthcare Facilities and Services</u> i) License issued under the Private Healthcare Facilities & Services Act 1998 (Form 4 or Form 7; Form B or Form F) ii) Medical practitioner's latest Annual Practising Certificate (APC) iii) Certificate of registration of the National Specialist Register (if the medical practitioner is a specialist) OR Othe qualifications of the medical practitioner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8.	Other relevant document/certificate (eg. ISO, MSQH, etc.)		
Please indicate the methods for collection of decision:		Self collection / Post	

MANDATORY QUESTIONS :

1. Has this advertisement been approved by the Medicine Advertisement Board before? (If this is a **renewal** application, please enclose a copy of the approved certificate and advertisement format.

If Yes, state the approved K.K.L.I.U. number. One by one.

Yes No

2. **Person in charge/Agency** appointed to manage this application

Name : _____

Address : _____

Telephone No. : _____

Email Address : _____

3. Please specify the website address whereby the requested advertisement will be displayed (for internet media advertising)

REMINDER : **Incomplete applications will not be entertained.**
NOTE : **DCA - Drug Control Authority**

FORM B

MEDICINE ADVERTISEMENT BOARD REGULATIONS 1976
(Regulation 8 (1))

ADVERTISEMENT APPLICATION FORM FOR MEDICINE ADVERTISEMENT BOARD'S APPROVAL

To,

**Secretary,
Medicine Advertisement Board,
Pharmaceutical Services Division,
Ministry of Health Malaysia,
Lot 36, Jalan Universiti,
46350 Petaling Jaya, Selangor.**

Sir,

I apply for approval for the advertisement of -

- (i) Name * article/service.....
- (ii) Type of * article/service.....
- (iii) Media to be used.....
- (iv) Language to be used.....
- (v) I submit **five (5) / three (3) copies** of the advertisement in the language to be used.
- (vi) I enclosed * bank draft/money order/postal order bearing number and date.....
for **RM300.00 (Ringgit: Three hundred only)** as payment.

2. I confirm that all the information above are true.

Signature of applicant:.....

Name of applicant (in capital letters):.....

Identity card No. :.....

Name of Company:.....

Address of applicant:.....

.....

.....

Telephone No. & email :.....

* Delete where appropriate.

FOR OFFICE USE

- 1. Approved/Not approved/Cancelled/Do not require approval and date.....
- 2. File reference:.....
- 3. Subject to the terms and conditions set forth in the Certificate of Approval: