

ADVERTISEMENT APPLICATION CHECKLIST FOR MEDICINE ADVERTISEMENT BOARD APPROVAL**1. Person in-charge / Agency** appointed to manage this application

Name : _____

Handphone Number: _____

Email Address : _____

2A. Method of collection of MAB decision **By Hand** **By Post****2B. Mailing Address** (for post only)_____
_____**3. Website address / social media account to publish the advertisement**

Please tick (✓) in the applicant column for the documents enclosed. (Please ensure that the documents are complete and valid. Incomplete documents are not accepted.)

NO	DOCUMENT	APPLICANT	FOR OFFICE USE
1.	Form B – Application Form For Medicine Advertisement Board Approval		
2.	5 copies advertisement formats (website – 3 copies)		
3.	Bank Draft/Money Order/Postal Order worth RM300 made payable to ' KETUA SETIAUSAHA, KEMENTERIAN KESIHATAN MALAYSIA '.		
4.	Certificate of Incorporation (SSM)		
5.	1 copy of translation for advertisements in Chinese / Tamil language.		
6.	<u>For Advertisement of Medicines / Medicinal Products</u>		
	a) Indication Certificate approved by DCA	<input type="checkbox"/>	<input type="checkbox"/>
	b) Label and/or package insert approved by DCA	<input type="checkbox"/>	<input type="checkbox"/>
7.	<u>For Advertisement of Healthcare Facilities and Services</u>		
	a) License issued under the Private Healthcare Facilities & Services Act 1998.	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Private Hospital (Form 4 / Form 7)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Private Clinics (Form B / Form F)		
	<input type="checkbox"/> Private Medical Laboratory	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Private Radiological Clinic		
	b) 1 copy of Medical Practitioner's latest Annual Practicing Certificate (APC) for each facility.	<input type="checkbox"/>	<input type="checkbox"/>
	c) <i>Letter of Credentialing and Privileging (LCP)</i> for advertisement of Aesthetic services	<input type="checkbox"/>	<input type="checkbox"/>
8.	Other relevant documents / certificates (eg: ISO cert., Halal cert., Organic ingredient cert., awards, testimony, celebrity contract, etc.)		

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: