
	APPLICATION FORM FOR THE ADVERTISEMENT OF PHARMACEUTICAL PRODUCTS	
	PBSL-F-73/06	

Checklist

**Applicant's
check list**

**PBSL
double check**

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | Covering Letter | <input type="checkbox"/> |
| <input type="checkbox"/> | Signed Declaration | <input type="checkbox"/> |
| <input type="checkbox"/> | Fully Completed Application (Appendix I-III) | <input type="checkbox"/> |
| <input type="checkbox"/> | Name and Address of Qualified Persons | <input type="checkbox"/> |
| <input type="checkbox"/> | Samples of the Product | <input type="checkbox"/> |
| <input type="checkbox"/> | Four (4) Copies of Label and Packaging Material | <input type="checkbox"/> |
| <input type="checkbox"/> | Four (4) Copies of Package Insert | <input type="checkbox"/> |
| <input type="checkbox"/> | Validated Documentation in respect of the variation | <input type="checkbox"/> |

Applicant

PBSL Staff

Name:.....



Name:.....

Signature:.....

Signature:.....

Date:.....

Date:.....

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(To be submitted in duplicate)

Cover letter addressed to:

**THE REGISTRAR
PHARMACY BOARD OF SIERRA LEONE
CENTRAL MEDICAL STORES
NEW ENGLAND VILLE
FREETOWN
SIERRA LEONE**

e-mail: pharmbdsl@hotmail.com

Samples and printed matter should be forwarded to the Board through the local agent: Customs duty and clearance to be effected by the applicant in all instances.



SECTION A

A. PARTICULARS OF PRODUCT

1. Proprietary/Brand Name:.....
2. Approved/Generic Name:.....
3. Dosage Form:.....
4. Commercial Presentation(s):.....
5. Country of origin.....
6. a) Name and Address of Advertising Company.....
.....
- b) Proposed media for advertisement.....
- c) Proposed Language(s) for advertisement.....

7. when was product first introduced on the Sierra Leonean Market (Month of year)
8. proposed Registration Number.....
9. any other remarks (e.g. justification for any special claims)
.....
.....
.....

N.B. Please attach a valid photocopy of the certificate of registration of the product (where applicable).

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A copy of the script audio/visual should be submitted with application.

10. Has the product been previously advertised: Yes.....No.....
11. If yes, what are the changes (if any).....
.....
.....
12. Proposed media for the new advertisement.....
.....
.....
13. Any other information about previous advertisement of product in Sierra Leone?.....
.....
.....
.....

Please attach a copy of the script, audio or video cassette where applicable.

SECTION B **B. PARTICULARS OF APPLICANT**

Name of Applicant/License Holder.....
 Business Address.....
 Phone..... Fax.....
 E-mail.....

SECTION C **C. PARTICULARS OF MANUFACTURER**

Name of manufacturer.....
 Full Premises Address of Manufacturer.....



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Phone.....Fax.....

E-mail.....

SECTION D

D. PARTICULARS OF LOCAL AGENT

Name of Local Agent.....

Business Address.....

Phone.....Fax.....

E-mail.....

Type of Advertisement.....

Intended use.....

Application Fee Paid.....

Section E

**E. CERTIFICATION BY A RESPONSIBLE
PERSON IN APPLICANT COMPANY**

Certification

I the undersigned certify that all the information in the accompanying documentation concerning an application for variation for:

Proprietary name.....

Approved generic name(s) [INN].....

.....

.....

Strength(s) per dosage unit.....

.....



Formulation.....

Applicant Company.....

.....

Is correct and true, and reflects the total information available.

Name.....

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Position in company.....

Signature.....

Date..... Official stamp.....

FOR OFFICIAL USE ONLY

1. Date Received.....

2. Processing fee paid/Receipt No.....

3. Date Reviewed.....

4. Recommendation/comments.....

.....
.....
.....

5. Approved..... Rejected.....

6. Approved fee paid/Receipt No.....

.....
.....
.....

.....
Enforcement Officer

.....
Date



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.....
Registrar

.....
Date