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| Republic of the PhilippinesDepartment of Health**FOOD AND DRUG ADMINISTRATION****CENTER FOR DRUG REGULATION AND RESEARCH****INITIAL ([ ] ) / AMENDMENT (****[ ] )****SELF-ASSESSMENT FORM FOR SALES PROMO PERMIT** |
| **APPLICANT NAME** | **:** |  |  |
| **APPLICANT ADDRESS** | **:** |  |  |
| **DTN** | **:** |  |  |
| **O.R. No. / Ref.No.** | **:** |  |  |
| **Amount Paid** | **:** |  |  |
| **Sales Promo Permit No.** | **:** |  |  |
| **Directions:****Fill out the form by ticking the applicable column. Provide remarks on the client’s column when necessary.** |
| **DOCUMENTARY REQUIREMENTS:** | Yes | No | **REMARKS** |
|  |
| 1. **Integrated Application Form**
 |
| * *Is the application form properly filled out?*
 | **[ ]**  | **[ ]**  |   |
| 1. **Intent Letter**
 |  |
| * *Is the request clear and within the scope of sales promo?*
 | **[ ]**  | **[ ]**  |   |
| * *Is the letter signed by the applicant’s approving authority?*
 | **[ ]**  | **[ ]**  |   |
| 1. **List of Participating Products**
 |
| * *Is the list of participating products (Sheet 3) provided in excel format?*
 | **[ ]**  | **[ ]**  |  |
| 1. **Copy of valid CPR/CPN Registration**
 |
| * *Are all the participating products duly registered or in the process of renewal?*
 | **[ ]**  | **[ ]**  |  |
| * *Is/are there participating product/s with CPRs/CPNs that will expire soon or within 6 months?*
* *Identify, if applicable.*
 | **[ ]**  | **[ ]**  |   |
| 1. **Information Sheet**
 |  |
| * *Is the promo title not offensive, obscene, scandalous, against public moral and/or misleading?*
 | **[ ]**  | **[ ]**  |  |
| * *Is the requested promo duration acceptable?*
 | **[ ]**  | **[ ]**  | Initial | Amendment |
|  |  |
| * *Is the promo coverage clearly indicated and within acceptable venue?*
 | **[ ]**  | **[ ]**  | Initial | Amendment |
|  |  |
| * *Is the promo mechanic acceptable or compliant with existing rules and regulations?*
 | **[ ]**  | **[ ]**  | Amendment, if applicable:  |
| 1. **Collateral/ Promo Materials**
 |
| * *Is/are there collateral material/s used?*
 | **[ ]**  | **[ ]**  | Initial | Amendment |
|  |  |
| * *Is/are the collateral material/s misleading, vague, and not compliant with existing rules and regulations?*
 | **[ ]**  | **[ ]**  |   |
| *--- To be filled out by CDRR Personnel ---* |
| **Decision:** | **Remarks:**  | **Remarks:**  |
| Approval | **[ ]**  |
| Denial | **[ ]**  |
| Clarification | **[ ]**  |
| Name & Signature: | Evaluator: | Supervisor: |
| Date: |  |  |