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| Republic of the Philippines  Department 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: | |  | | | | | | | |  | | | |