



DEPARTMENT OF HEALTH
Republic of South Africa

MBR20.8



MEDICINES CONTROL COUNCIL

DEPARTMENT OF HEALTH

APPLICATION FOR THE SUBMISSION IN TERMS OF CALL UP NOTICE R204; GOVERNMENT NOTICE NO 23128 AS PUBLISHED ON 22 FEBRUARY 2002 FOR COMPLEMENTARY MEDICINE (MEDICINES AND RELATED SUBSTANCES ACT; ACT 101 OF 1965; SECTION 14 (1))

1. PARTICULARS OF APPLICANT

NAME: JULIAN HOLMES _____

PHYSICAL ADDRESS: 5 LITTLE KIMBLE, AVENUE STREET, NEWLANDS, CAPE TOWN 7700

CONTACT TELEPHONE NUMBER: 084 722 4469 _____

SIGNATURE OF APPLICANT: *pp Holmes* _____

2. PRODUCT NAME: SCAR GEL _____

CATEGORY: A34. Other _____

DATE OF APPLICATION: FEBRUARY 2009 _____

3. SUBMISSION OF DOCUMENTS TO MEDICINES CONTROL COUNCIL (person delivering)

NAME: *Tanile de Bruyn* _____

SIGNATURE: *Tanile de Bruyn* _____

DATE: *4/2/2009* _____

4. RECEIVAL OF DOCUMENTS BY REGISTRY MEDICINES CONTROL COUNCIL

NAME AND SURNAME: _____

SIGNATURE: *S. Bruyn* _____

CONTACT TELEPHONE NUMBER: _____

5. DEPARTMENT OF HEALTH STAMP:

6. DATE: _____

7. REGISTRY NO: 132066 _____

8. PLEASE NOTE:

- I. This document indicates that the Medicines Control Council Registry has taken receipt of the above mentioned documents
- II. This document does not authorize the use of MCC/MRA's name for trading purposes or for any other official use other than that of the Registry itself;
- III. This document must accompany a copy of MRF1 Form; Part A and Part B ;
- IV. Failure to provide the correct information may lead to prosecution in terms of the Medicines and Related Substances Act; Act 101 of 1965.

