



MBR20.8

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 4409

SIGNATURE OF APPLICANT: [Signature]

2. PRODUCT NAME: HEALING CREAM

CATEGORY: A34. Other

DATE OF APPLICATION: FEBRUARY 2009

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

NAME: Tanile de Buijs

SIGNATURE: [Signature]

DATE: 4/2/2009

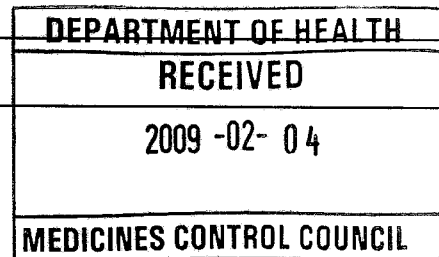
4. RECEIVAL OF DOCUMENTS BY REGISTRAR MEDICINES CONTROL COUNCIL

NAME AND SURNAME: [Signature]

SIGNATURE: [Signature]

CONTACT TELEPHONE NUMBER:

5. DEPARTMENT OF HEALTH STAMP:



6. DATE:

7. REGISTRY NO: 132064

8. PLEASE NOTE:

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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.



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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: [Handwritten Signature]

2. PRODUCT NAME: ECZEMA GEL

CATEGORY: A34. Other

DATE OF APPLICATION: FEBRUARY 2009

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

NAME: [Handwritten: Tante de Bmy]

SIGNATURE: [Handwritten Signature]

DATE: 4/2/2009

4. RECEIVAL OF DOCUMENTS BY REGISTRY MEDICINES CONTROL COUNCIL

NAME AND SURNAME:

SIGNATURE: [Handwritten Signature]

CONTACT TELEPHONE NUMBER:

5. DEPARTMENT OF HEALTH STAMP:

6. DATE:

7. REGISTRY NO: 132065

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DEPARTMENT OF HEALTH
RECEIVED
2009 -02- 04
MEDICINES CONTROL COUNCIL



DEPARTMENT OF HEALTH
Republic of South Africa

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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: _____

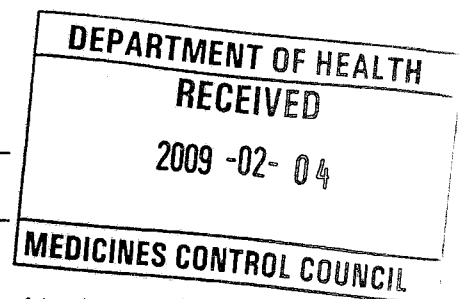
5. DEPARTMENT OF HEALTH STAMP:

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7. REGISTRY NO: 132066 _____

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DEPARTMENT OF HEALTH
Republic of South Africa



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1. PARTICULARS OF APPLICANT

NAME: JULIAN HOLMES _____

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

CONTACT TELEPHONE NUMBER: 084 7224469 _____

SIGNATURE OF APPLICANT: *pp Arslin* _____

2. PRODUCT NAME: ACNE GEL _____

CATEGORY: A34. Other _____

DATE OF APPLICATION: FEBRUARY 2009 _____

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

NAME: *Tanile de Buys* _____

SIGNATURE: *Buys* _____

DATE: *4/2/2009* _____

4. RECEIVAL OF DOCUMENTS BY REGISTRY MEDICINES CONTROL COUNCIL

NAME AND SURNAME: _____

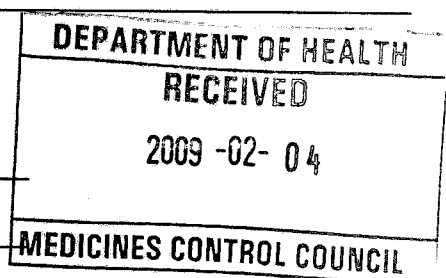
SIGNATURE: *S Buys* _____

CONTACT TELEPHONE NUMBER: _____

5. DEPARTMENT OF HEALTH STAMP:

6. DATE: _____

7. REGISTRY NO: 132067



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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: [Signature]

2. PRODUCT NAME: LASER GEL

CATEGORY: A34. Other

DATE OF APPLICATION: FEBRUARY 2009

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

NAME: [Signature]

SIGNATURE: [Signature]

DATE: 4/2/9

4. RECEIVAL OF DOCUMENTS BY REGISTRY MEDICINES CONTROL COUNCIL

NAME AND SURNAME:

SIGNATURE: [Signature]

CONTACT TELEPHONE NUMBER:

5. DEPARTMENT OF HEALTH STAMP:

6. DATE:

7. REGISTRY NO: 132068

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