



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: 021 6867872

SIGNATURE OF APPLICANT: [Handwritten Signature]

2. PRODUCT NAME: Ls-03

CATEGORY: A34. Other

DATE OF APPLICATION: JUNE 2009

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

NAME:

SIGNATURE:

DATE:

4. RECEIVAL OF DOCUMENTS BY REGISTRY MEDICINES CONTROL COUNCIL

NAME AND SURNAME:

SIGNATURE: [Handwritten Signature]

CONTACT TELEPHONE NUMBER:

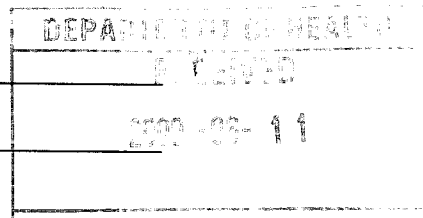
5. DEPARTMENT OF HEALTH STAMP:

6. DATE: 134759

7. REGISTRY NO:

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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: 021 686 7872

SIGNATURE OF APPLICANT: [Signature]

2. PRODUCT NAME: He-03

CATEGORY: A34. Other

DATE OF APPLICATION: JUNE 2009

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

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SIGNATURE:

DATE:

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NAME AND SURNAME:

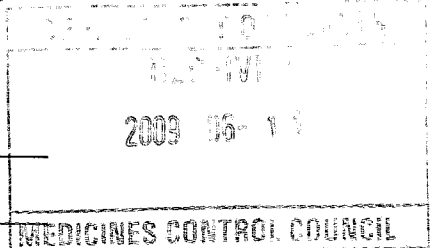
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CONTACT TELEPHONE NUMBER: [Signature]

5. DEPARTMENT OF HEALTH STAMP:

6. DATE: 2009 06 19

7. REGISTRY NO: 134758



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DEPARTMENT OF HEALTH  
Republic of South Africa



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MEDICINES CONTROL COUNCIL

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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:** 021 6867872 \_\_\_\_\_

**SIGNATURE OF APPLICANT:** *Julian Holmes* \_\_\_\_\_

**2. PRODUCT NAME:** OI-03 \_\_\_\_\_

**CATEGORY:** A34. Other \_\_\_\_\_

**DATE OF APPLICATION:** JUNE 2009 \_\_\_\_\_

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

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**4. RECEIVAL OF DOCUMENTS BY REGISTRY MEDICINES CONTROL COUNCIL**

**NAME AND SURNAME:** \_\_\_\_\_

**SIGNATURE:** *smggs* \_\_\_\_\_

**CONTACT TELEPHONE NUMBER:** \_\_\_\_\_

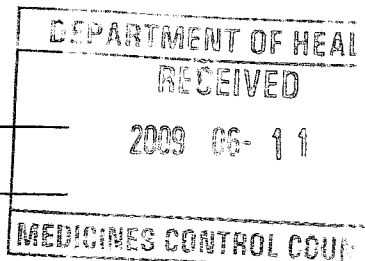
**5. DEPARTMENT OF HEALTH STAMP:**

**6. DATE:** \_\_\_\_\_

**7. REGISTRY NO:** 134757 \_\_\_\_\_

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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: 021 686 7872

SIGNATURE OF APPLICANT: [Handwritten signature]

2. PRODUCT NAME: Sf-03

CATEGORY: A34. Other

DATE OF APPLICATION: JUNE 2009

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

NAME:

SIGNATURE:

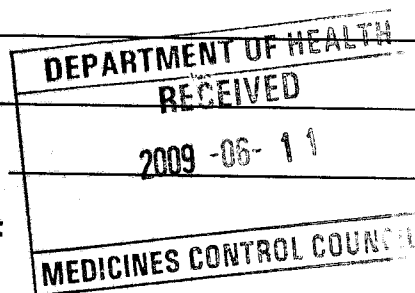
DATE:

4. RECEIVAL OF DOCUMENTS BY REGISTRY MEDICINES CONTROL COUNCIL

NAME AND SURNAME:

SIGNATURE:

CONTACT TELEPHONE NUMBER:



5. DEPARTMENT OF HEALTH STAMP:

6. DATE: 134756

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