[Attached Form No. 1]

|  |  |  |  |  |  |  |
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| Application for Prior Review of Advertisement on Medical Device (Review/Appellate) | | | | | | Processing Period |
| 10 days |
| Applicant | ①Name |  | ②Date of Birth | | - | |
| ③Address | (☎ , FAX ) | | | | |
| Company | ④Name or Company Name |  | | | | |
| ⑤Address |  | | | | |
| ⑥Type of Business |  | | ⑦Business License (Report) No. | |  |
| Product for Review | ⑧Product Name |  | | ⑨Product Approval (Certification/Report) No. | |  |
| Re-Review | ⑩Review No. |  | | ⑪Purpose of and Reason for Application of Re-Review | | (Attached) |
| Contents for Review | ⑫Advertisement Medium |  | | ⑬Advertisement Production Agency | |  |
| ⑭Advertising Copy for Review | (Attached) | | | | |
| Pursuant to Articles 5 and 7 of the Regulation on Prior Review of Advertisement on Medical Device,  I hereby apply for a prior review (re-review) of advertisement of the product above.  Date:  Applicant (Signature or Seal)  **To the head of Review Organization** | | | | | | |
| ※ Documents Attached  1. Deleted <August 22, 2012>  2. Copy of Contents of Advertisement on Medical Device  3. Copy of Instructions for Use (only if necessary)  4. Purpose of and Reason for Application of Re-review (only for re-review)  5. Other information necessary to a review | | | | | | |

210mm x 297mm [Regular Paper 60g/m2(Recyclable)]