[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)]