



# NOTICE OF APPEAL AGAINST A DECISION OF AN ADJUDICATING COMMITTEE, LODGED IN TERMS OF THE CODE OF MARKETING PRACTICE

Kindly submit the complaint to [info@marketingcode.co.za](mailto:info@marketingcode.co.za)

Complaints and appeals should where possible be initiated and administered by the Compliance Officer or the Responsible Pharmacist for medicines or the Authorised person for medical devices and IVDs.

Case No: ..... Adjudication Date:..... Report Date (< 7 days): .....

Appellant (Company Name): \_\_\_\_\_

Compliance Officer: \_\_\_\_\_ CEO: \_\_\_\_\_

Representative (Name/qualifications) if not Compliance Officer: \_\_\_\_\_

Code Certified: 

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

 Date: \_\_\_\_\_

Respondent (Company Name): \_\_\_\_\_

Compliance Officer: \_\_\_\_\_ CEO: \_\_\_\_\_

Representative (Name/qualifications) if not Compliance Officer: \_\_\_\_\_

Code Certified: 

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

 Date: \_\_\_\_\_

Product: \_\_\_\_\_

### 1. Contact Details of Company Representative

3.1 E-mail Address: \_\_\_\_\_

3.2 Mobile Number: \_\_\_\_\_

3.3 Work Telephone Number: \_\_\_\_\_

**DETAILS OF FINDINGS/RULINGS APPEALED AGAINST**

**4 Findings which are appealed against.** *(Be specific in terms of which findings/rulings/sanctions etc are appealed against.)*

Ref to individual findings	Finding/ruling/sanction Appealed against. Provide details.	Motivation/reason for Appeal

**5 Summary of Appeal:**

Succinctly describe the reasons for each appeal in support of the table above. Additional issues may not be raised.

**6 Confirm that in terms of the Code and MCA requirements, the following documents are attached?**

6.1 Appeal Fee – Proof of Payment (R74 100 incl. VAT) (Code s48.3.1)

Yes		No	
-----	--	----	--

**Executive Officer’s notes for clarity on processes to be followed in the administration of the an Appeal.** *These notes are for guidance only – where they differ from the Code or Constitution of the MCA the MCA official documents will take precedence.*

- Adjudication of an appeal is the responsibility of an appointed Appeal Committee.
- The appeal committee’s decisions, penalties, rulings, determinations, or findings shall be final and binding on the party/ies. (Code s52.2)
- The Appellant shall give notice in writing of his intention to appeal ("Notice of Appeal") within seven working days from the date on which the finding, decision penalty to be appealed against has been communicated to him.
- A formal appeal, accompanied by the appeal fee, received by the MCA, will be acknowledged.
- In the normal course of events, no further supporting documentation related to the appeal will be admitted to a particular process. For exceptions to this rule you are referred to Code s48.9, which procedures must be strictly followed and permission first obtained from the Appeal Committee via Executive Officer.

- The Executive officer will forward to the Respondent, the notice of appeal as soon as possible after receipt and no later than 7 working days from the date of receipt by the MCA. A formal response will be requested.
- The respondent will have an opportunity to respond within 7 working days of receiving the notice of appeal form.
- Any reply from the respondent will be sent within two working days to the appellant.
- No additional issues may be raised or, subject to Code s48.9, additional substantiating data submitted. The appellant should indicate whether they wish to withdraw the appeal.
- Within 14 days of final exchange of documentation, an appeal committee will consider the matter as directed by the Code.
- Unless explicit approval is granted by the Executive Office following the processes documented in Code s48.9 for the admission of further supplementary evidence, the record of the Adjudicating Committee and the sequence of correspondence referred to above will be the only documentation that will be considered by the appointed appeal committee.

\_\_\_\_\_  
**Signature of Compliance Officer (Appellant)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

Date Received by MCA

Signature: \_\_\_\_\_

Capacity: \_\_\_\_\_