



Application for membership of the Marketing Code Authority (MCA)

Each application for membership will be subject to acceptance by the MCA Board.

The MCA may formulate rules for the eligibility and admission of members, from time to time, subject to the provisions of the MCA Constitution. Upon admission to membership, the member shall:

- Be bound by and accept the provisions of the MCA Constitution and any rules framed there under or policies laid down by the MCA as amended from time to time, including but not limited to the MCA Code (as amended from time to time), its enforcement processes and rulings made by its enforcement structures; and
- Treat as confidential any documents so marked by the MCA.

An applicant shall not be admitted to membership until approved by the MCA Board and the annual membership fees and any other fees or levies payable as may be applicable, have been paid to the MCA in full. The MCA shall respond to companies within three weeks of receiving an application to advise on the outcome of the Board deliberation.

MCA membership fees will be determined by the revenue band of each applicant and will be updated annually. No actual revenue figures are collected, only indicative revenue bands. The declaration of revenue band may be submitted directly to the MCA accounting officer, if preferred. (Accounting Officer: John Atkinson. KCE Consulting on behalf of the MCA.
E-mail: john@kceconsulting.co.za; Tel. (011) 7933686

Submit completed forms to the Executive Officer at info@marketingcode.co.za. Further information can be obtained from Tasmirah Mall (063 044 520) or Val Beaumont (063 008 5150)

SECTION A – APPLICANT'S DETAILS

Applicant details

Full name of company applying (The Company):	
Physical address of Company:	
Postal address of Company:	



Telephone number(s): Switchboard:	
Fax number:	
Toll free or customer number(s):	
Website address:	
Applicant's registration number:	
Vat number:	
In the event of your Company being a subsidiary company, please list the name and Address of the parent company:	
Total customer facing staff	

If admitted to MCA Membership, the following persons will be the MCA representative/s:

Details of Chairman or Executive Officer/CEO:	
Full Name:	
Telephone/cell number:	
Email:	
a) Principal Contact/Compliance Officer for MCA purposes. Name:	
Qualifications:	
Designation:	
Direct phone number:	
Cell phone number:	
Email:	
Note: Compliance Officer (CCO) Person who approves and signs off advertising and promotional material.	



SECTION B – SCOPE OF ACTIVITIES AND PROOF OF “INTENT AND ACTIVE COMMITMENT TOWARDS COMPLIANCE”:

Company's principal function is: (Mark all blocks which are appropriate)

Production	
Distribution	
Marketing	
Importation	
Other (please specify):	

Please advise on the applicant's product portfolio (Please tick appropriate answer)

Prescription medicines	
Non-prescription medicines	
Health Supplements	
Pharmaceutical chemicals	
Medical Devices	
In-vitro Diagnostics	
Veterinary medicines	
Toiletries	
Cosmetics	
Other (please specify):	

Status of licensing of applicant with the regulatory authority (MCC/SAHPRA) in terms of the requirements of the Medicines Act:

Type of licence applied for/granted:

Wholesaling Status of application? (tick applicable statement following)
 Not yet submitted/ In progress/ approved/ declined?
 Date/s of Application: _____

Distribution Status of application? (tick applicable statement following)
 Not yet submitted/ In progress/ approved/ declined?
 Date/s of Application: _____

Manufacturing Status of application? (tick applicable statement following)
 Not yet submitted/ In progress/ approved/ declined?
 Date/s of Application: _____



Other Status of application? (tick applicable statement following)

Not yet submitted/ In progress/ approved/ declined?

Date/s of Application: _____

Status of licensing of products with the regulatory authority (MCC/SAHPRA):

Does applicant have products that fall/will fall within the ambit of Act 101? _____

Complete the table for the products which are/will possibly be subject to the MCA
(Printout may be attached as an annexure):

Name of Product	Date on which MCC application has or will be made	Application number	Status of application

SECTION C – REVENUE BAND DISCLOSURE (as per most recent audited financial statements).

Turnover is based on the turnover of the health products business of the Company, including the manufacture, distribution, marketing and promotion of medicines, medical devices and IVDs, It includes products sold in both private and public sectors. Excluded is income derived from turnover from exports of medicines and of other health products outside South Africa. Circle the applicable fee band in the first column. Year of audited financial statements: 201__

MCA 2019 Fee bands & fees (agreed 181126)

Category	Range (Fee Band) R's	Fees R's Ex VAT
1	<10m	2510
2	10m - <50m	5310
3	50m - <100m	7880
4	100mil-250mil	10350
5	250mil-500mil	15640
6	500mil-750mil	30400
7	750mil-1000mil	52170
8	1000mil - 1500mil	68330
9	above 1500mil	89510

SECTION D – Membership Declaration

I/We, the undersigned, on behalf of the applicant hereby

1. Undertake that the applicant will abide by the South African Code of Marketing Practice, Guidelines and the Constitution of the Marketing Code Authority as adopted by its members and amended by the Board from time to time;
2. Undertake that the applicant will treat as confidential any documents so marked and issued by the Marketing Code Authority or the Board;
3. Declare that to the best of my / our knowledge and belief the foregoing statements and submissions are true and correct;
4. Acknowledge that the applicant will remain a member of the MCA until such time that it submits its written resignation to the MCA;
5. Attach all relevant documents relating to applications for licencing of the applicant and/or individual products with the MCC/SAHPRA; and
6. Undertake to at the very least, have the applicant's CEO, Compliance Officer, Responsible Pharmacist and customer-facing employees Code-certified via the MCA website.

Signed: _____



Name: _____ Capacity: _____

On behalf of the applicant duly authorised thereto

Date: _____

As Witness

Signed: _____

Name: _____ Date: _____

Approved by the MCA Board:

Signed: _____

Chairman

Date: