



PHARMACOVIGILANCE AND CLINICAL TRIALS DIVISION

MEETING REQUEST FORM

Part A: To Be Completed By the Customer

Name

Company:

Contact Number:

E-mail Address:

Officer Requested: Dr/Mr/Mrs/Ms

Proposed Date of the meeting (**Tuesdays and Fridays only**)

Proposed Time of Meeting:

If meeting request is urgent (**outside meeting days**), state proposed date and time and give reason(s):

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State the agenda items of the requested meeting in point form below;

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CUSTOMER

Name

Signature

Date

Time

Part B: To Be Completed By the Regulatory Officer

Meeting Request Granted: Yes / No **Date**..... **Time**.....

If Not granted, state the reason(s):

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Date response was communicated to customer

SUMMARY OF MEETING WITH CUSTOMER: (State Action Plan or any guarantees given to customer)

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Other Attendants to the Meeting:

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REGULATORY OFFICER

Name	Signature	Date	Time
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HEAD OF DIVISION

Name	Signature	Date	Time
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CUSTOMER'S PROCEDURE FOR FILLING IN FORM

- 1.1 Meeting request forms are kept ready at the reception for clients to collect and complete to request a meeting.
- 1.2 Customer to complete part A only of the form. Fill in your details i.e., name, company name, contact details, date requested for meeting and reason or agenda of the meeting into Part A of the form then sign and date the first page.
- 1.3 **Submit the form to MCAZ and await communication regarding the request.**