

**PAYMENT FORM
TARIFF ON ASSESSMENT OF ADVERTISING
OF MEDICINAL PRODUCTS FOR HUMAN
USE**

Name of the medicinal product

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Pharmaceutical form, strength

Pharmaceutical form:	
Strength:	

Marketing Authorisation Holder

Name :	
Address :	
City :	
Country :	
Telephone no. :	
Fax no. :	
E-mail address:	

Type of authorisation procedure

National:	<input type="checkbox"/>
Centralised:	<input type="checkbox"/>
Mutual Recognition/ decentralised:	<input type="checkbox"/> <input type="checkbox"/>

Status of the medicinal product

Authorised: MA granted on:	
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Paying company

Name :	
Address :	
City :	
Country :	
Telephone no. :	
Fax no. :	
E-mail address:	
Bank	
IBAN account no.	
Trade Registry no.	
Fiscal Code	

Proposed form of payment

Lei :	
Euro:	

Paid service

	Number of MAs	Number of communication channels	The requested period validity (6months/12months)	The amount of fee in euro*
Assessment of advertising of medicinal products for human use				

- The amount of the fee in Euro is filled in by the Applicant, according to Order of the Minister of Health no. 888/2014, by multiplication of the amount of the respective fee by the following: number of MAs referred to in the documents submitted, number of communication channels for the 6 months validity.

If the applicant request a validity of 12 months, the amount described above will be multiplied by two.

Data for application registration (communication channel, date estimated for start of actual advertising broadcast)

Communication channel:	
Date estimated for start of actual advertising broadcast:	

Contact person /Representative to Romania

Name :	
Address :	
City :	
Country :	
Telephone no. :	
Fax no. :	
E-mail address:	

Signatories assume responsibility for accuracy of data in the present form.

Date.....

Marketing Authorisation Holder/Representative to Romania

Name, signature, stamp