

**FORM  
PAYMENT OF FEE  
FOR ASSESSMENT OF EDUCATIONAL MATERIAL**

**Name of the educational material**

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**Paying company**

Name:	
Address:	
City:	
Country:	
Telephone number:	
Fax number:	
E-Mail:	
Bank:	
IBAN Account:	
Number with the Trade Registry:	
FISCAL CODE:	

**PROPOSED PAYMENT CURRENCY**

Lei:	
Euro:	



**Service provided**

	Number of communication channels	The requested period of validity (6months/12months)	The amount of fee in euro*
Assessment of educational material			

\*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 on application registration (communication channel, date estimated for start of distribution of the educational material)**

Communication channel:	
Date estimated for start of distribution of the educational material:	

**Contact person/Representative office in Romania**

Name:	
Address:	
City:	
Country:	
Telephone number:	
Fax number:	
E-Mail:	

The undersigned take full responsibility for the accuracy of data in this form.

Date: .....

Marketing Authorisation holder/ Representative office in Romania

Name, signature, stamp