

PAYMENT FORM

FEES FOR TYPE IA VARIATIONS, TYPE IA VARIATIONS DESCRIBING THE GROUP, TYPE IA VARIATIONS INCLUDED INTO THE GROUP, TYPE IB VARIATIONS, TYPE IB VARIATIONS DESCRIBING THE GROUP, TYPE IB VARIATIONS INCLUDED INTO THE GROUP, TYPE II VARIATIONS, TYPE II VARIATIONS DESCRIBING THE GROUP, TYPE II VARIATIONS INCLUDED INTO THE GROUP, TRANSFER OF MARKETING AUTHORISATION AND OTHER CHANGES TO MARKETING AUTHORISATION

Medicinal product name

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Pharmaceutical form, strength, administration route

Pharmaceutical form:	
Strength:	
Administration route:	

Marketing authorisation holder

Name:	
Address:	
City:	
Country:	
Phone no.:	
Fax no.:	
E-mail:	

Type of authorisation procedure

National:

Medicinal product status

MA no. / date of issue
Please specify if currently under
MA renewal procedure, if
applicable.

Paying company

Name:	
Address:	
City:	
Country:	
Phone no.:	
Fax no.:	
E-mail:	
Fiscal code	
No. with the Register of Trade	
IBAN account	
Bank	

Proposal for payment

Lei:

Euro:

Service paid

Assessment of application for type IA variations and type IA variations describing the group	<input type="checkbox"/> (please specify the variation number)
Assessment of application for type IB variations and type IB variations describing the group	<input type="checkbox"/> (please specify the variation number)
Assessment of application for type II variations and type II variations describing the group	<input type="checkbox"/> (please specify the variation number)
Assessment of application for type IA included into the group	<input type="checkbox"/> (please specify the variation number)
Assessment of application for type IB included into the group	<input type="checkbox"/> (please specify the variation number)
Assessment of application for type II included into the group	<input type="checkbox"/> (please specify the variation number)
Assessment of application for transfer of marketing authorisation	<input type="checkbox"/>
Assessment of application for changes to design and labelling of medicinal products for human use as well as for changes to leaflet and Summary of Products characteristics, other than those derived from type IA, IB and II variations, according to Minister of Health Order no. 1205/2006	<input type="checkbox"/>

Data of application record (Proposer)

Representative office in Romania/ Contact person

Name:	
Address:	
City:	
Country:	
Phone	

no.:	
Fax no.:	
E-mail:	

The undersigned take all responsibility on the accuracy of the data in this form.

Date.....

Marketing authorisation holder/ Representative office in Romania
Name, signature, stamp