

**PAYMENT FORM TARIFF
FOR GRANT OF WHO - FORMAT MEDICINAL
PRODUCT CERTIFICATE**

Name of the medicinal product

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Pharmaceutical form, strength, administration route

Pharmaceutical form:	
Strength:	
Administration route:	

Marketing Authorisation Holder

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

Type of authorisation procedure

National:	<input type="checkbox"/>
Mutual recognition or decentralised procedure	<input type="checkbox"/>
	<input type="checkbox"/>

Status of the medicinal product

Authorised: MA no. / granted on	<input type="checkbox"/>
Marketing authorisation procedure in progress / application for marketing authorisation submitted on	<input type="checkbox"/>
Not authorised in Romania	<input type="checkbox"/>

Paying company

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

Proposed form of payment

Lei:	<input type="checkbox"/>
Euro:	<input type="checkbox"/>

Paid service

Grant of WHO - format medicinal product certificate	<input type="checkbox"/>
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Date of application submission (Proposer, NMA)

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