

**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, 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"/>
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:	
IBAN account no.	
Trade Registry no.	
Fiscal Code	
Bank:	

## Proposed form of payment

Lei :	
Euro :	

**Paid service**

Assessment of advertising of medicinal products for human use	
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**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