

**PAYMENT FORM  
FEE 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:	
Cod fiscal	
Trade Registry no.	
Bank	
IBAN Account	

**Proposed form of payment**

Lei:	
Euro:	

**Paid service**

<b>Activity</b>		<b>The amount of fee in Euro according to MHO no. 888/2014*</b>
Grant of WHO - format medicinal product certificate	<input type="checkbox"/>	

\* The amount of the fee in Euro to be completed by the Applicant.

**Contact person / Representative to Romania**

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

Signatories hereby undertake the responsibility for accuracy of data herein.

Date.....

Marketing Authorisation Holder/  
Representative to Romania

Name, signature, stamp