

**PAYMENT FORM
TARIFF FOR IMPORT PARALLEL
AUTHORISATION ACCORDING TO
MINISTER OF HEALTH ORDER NO. 888/2014
FOR MEDICINAL PRODUCTS PROPOSED
FOR AUTHORISATION THROUGH
NATIONAL PROCEDURE**

Name of the medicinal product

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Pharmaceutical form, strength, administration route

Pharmaceutical form:	
Strength:	
Administration route:	

Import Parallel Authorisation Holder

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

Status of the medicinal product

Import Parallel Authorisation	<input type="checkbox"/>	
Renewal of Import Parallel Authorisation	<input type="checkbox"/>	

Paying company

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

Proposed form of payment

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

Tariff for import parallel authorisation according to MHO no. 888/2014

Tariffed service		The fee in euro currency according to the MHO no. 888/2014*)
Import Parallel Authorisation	<input type="checkbox"/>	

*) the applicant will fill in the fee in euro currency

Date of application submission (Proposer, NAMMDR)

Contact person

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

Signatories assume responsibility for accuracy of data in the present form.

Date.....

Import Parallel Authorisation Holder

Name, signature, stamp