

**PAYMENT FORM  
FEE FOR ASSESSMENT OF DOCUMENTATION  
FOR SCIENTIFIC ADVICE/  
CHANGE OF SCIENTIFIC ADVICE  
ON ANCILLARY ACTIVE SUBSTANCE(S)  
INCORPORATED AS AN INTEGRAL PART IN  
THE MEDICAL DEVICE**

**Name of the medical device**

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**Name of the ancillary active substance(s)**

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**Notified Body**

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

**Type of advice /change of advice procedure**

National:

**Mention of previous assessment**Number of initial scientific advice  
.../date of grant**Paying body**

Name:	
Address:	
City:	
Country:	
Telephone no.:	
Fax no.:	
E-mail:	
Cod fiscal	
Number of registration with the Trade Register	
IBAN Account	
Bank	

**Payment form proposal**

Lei:

Euro:

**Service for which a fee is requested**

Scientific advice on ancillary active substance(s) incorporated as an integral part in the medical device for substances not previously assessed by the NAMMD	<input type="checkbox"/>
Scientific advice on ancillary active substance(s) incorporated as an integral part in the medical device for substances previously assessed by the NAMMD with a different manufacturer	<input type="checkbox"/>
Scientific advice on ancillary active substance(s) incorporated as an integral part in the medical device for substances previously assessed by the NAMMD with the same manufacturer	<input type="checkbox"/>
Change of scientific advice on ancillary active substance(s) incorporated as an integral part in the medical device for substances not previously assessed by the NAMMD	<input type="checkbox"/>
Change of scientific advice on ancillary active substance(s) incorporated as an integral part in the medical device for substances previously assessed by the NAMMD with a different manufacturer	<input type="checkbox"/>
Change of scientific advice on ancillary active substance(s) incorporated as an integral part in the medical device for substances previously assessed by the NAMMD with the same manufacturer	<input type="checkbox"/>

**Date of application registration (Proponent)**


**Contact person**

Name:	
Address:	
City:	

Country:	
Telephone no.:	
Fax no.:	
E-mail:	

Signatories undertake the responsibility for accuracy of data herein.

Date.....

Notified Body/ Contact person  
Name, signature, stamp