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| **PAYMENT FORM FOR THE**  **TARIFF FOR MARKETING AUTHORISATION ACCORDING TO ARTICLE 893 OF LAW NO. 95/2006 AND THE TARIFF FOR THE ASSESSMENT OF DOCUMENTATION IN VIEW OF MARKETING AUTHORISATION RENEWAL ACCORDING TO MINISTER OF HEALTH ORDER NO. 888/2014**  **FOR MEDICINAL PRODUCTS AUTHORISED THROUGH MUTUAL RECOGNITION OR DECENTRALISED PROCEDURE WITH ROMANIA AS REFERENCE MEMBER STATE** |

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| **Name of the medicinal product:** |

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| **Pharmaceutical form, strength, administration route** |

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| --- | --- |
| Pharmaceutical form: |  |
| Strength: |  |
| Administration route: |  |

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| --- |
| **Marketing Authorisation Holder** |

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

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| **Status of the medicinal product** |

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| --- | --- |
| Marketing authorisation renewal | □ |

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| **Type of the authorisation procedure** |

|  |  |
| --- | --- |
| Mutual recognition procedure | □ |
| Decentralised procedure | □ |

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| **Paying company** |

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

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| **Proposed form of payment** |

|  |  |
| --- | --- |
| Lei : | □ |
| Euro : | □ |

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| **Tariff for marketing authorisation according to Article 893 of Law no. 95/2006 on healthcare reform, as republished, with the further amendments** |

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| For all types of medicinal products mentioned by Law no. 95/2006 on healthcare reform = 5000 € | □ |

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| **Tariff for assessment of documentation in view of marketing authorisation renewal through European procedures** |

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| **Activity** |  | **The fee in euro currency according to the MHO no. 888/2014\*)** |
| Marketing authorisation renewal for medicinal products through mutual recognition procedure or decentralised procedure with Romania as Reference Member State according to Order No. 888/2014, Annex III, letter. B, point 27.a) | □ |  |

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

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| **Date of application submission (Applicant, NAMMDR)** |

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| **Representative to Romania/Contact person** |

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

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

Date……………….

Marketing Authorisation Holder/Representative to Romania

Name, signature, stamp