

**PAYMENT FORM
FEE FOR SETUP AND UPDATE OF THE
INDEX OF MEDICINAL PRODUCTS FOR HUMAN USE**

Product name, pharmaceutical form, strength

No.	Product name	Pharmaceutical form	Strength
1.			
2.			
3.			
...			
n			

* Please list all products proposed by adding the required number of lines (separate attachment is not acceptable).

Marketing Authorisation Holder

Name	
Address	
City	
Country	
Tel. no	
Fax no.	
E-mail	

Paying company

Name	
Address	
City	
Country	
Tel. no	
Fax no.	
E-mail	
Bank	
IBAN Account	
Trade Registry no.	
Fiscal code	

Proposed form of payment

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

For year	
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Activity	Number of products	Fee amount in Euro according to Order of the Min. of Health no. 888/2014**)
Setup and update of the Index of medicinal products for human use	<input type="checkbox"/>	

** The amount of the fee in Euro is filled in by the Applicant, according to Order of the Minister of Health no. 888/2014, by multiplication of the amount of the respective fee by the number of products.

Contact person/Representative to Romania

Name	
Address	
City	
Country	
Tel. no	
Fax no.	
E-mail	

Signatories hereby undertake responsibility for accuracy of data herein.

Date

Marketing Authorisation Holder/
Representative to Romania

Name, signature, stamp