

## PAYMENT FORM

**FEES FOR TYPE IA VARIATIONS, TYPE IA VARIATIONS DESCRIBING THE GROUP, TYPE IA VARIATIONS INCLUDED INTO THE GROUP, TYPE IB VARIATIONS, TYPE IB VARIATIONS DESCRIBING THE GROUP, TYPE IB VARIATIONS INCLUDED INTO THE GROUP, TYPE II VARIATIONS, TYPE II VARIATIONS DESCRIBING THE GROUP, TYPE II VARIATIONS INCLUDED INTO THE GROUP, TRANSFER OF MARKETING AUTHORISATION AND OTHER CHANGES TO MARKETING AUTHORISATION THROUGH NATIONAL PROCEDURE**

**Medicinal product name**

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**Pharmaceutical form, strength, administration route**

Pharmaceutical form:	
Strength:	
Administration route:	

**Marketing authorisation holder**

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

**Medicinal product status**

MA no. .... /date of issue  
Please specify if currently under  
MA renewal procedure, if  
applicable.

**Paying company**

Name:	
Address:	
City:	
Country:	
Phone no.:	
Fax no. :	
E-mail no. :	
Fiscal code	
No. with the Register of Trade	
IBAN account :	
Bank :	

**Proposal for payment**

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

**Service paid\***

		Amount of tariff in euro according to MHO no. 888/2014**
Assessment of application for type IA variations and type IA variations describing the	<input type="checkbox"/> (type/ number of variations)	

group		
Assessment of application for type IB variations and type IB variations describing the group	<input type="checkbox"/> (type/ number of variations)	
Assessment of application for type II variations and type II variations describing the group	<input type="checkbox"/> (type/ number of variations)	
Assessment of application for type IA included into the group	<input type="checkbox"/> (type/ number of variations)	
Assessment of application for type IB included into the group	<input type="checkbox"/> (type/ number of variations)	
Assessment of application for type II included into the group	<input type="checkbox"/> (type/ number of variations)	
Assessment of application for transfer of marketing authorisation		
Assessment of application for changes to design and labelling of medicinal products for human use as well as for changes to leaflet and Summary of Products characteristics, other than those derived from type IA, IB and II variations, according to Minister of Health Order no. 1205/2006		

\* the service will be tarified per strength of the medicinal product/ pharmaceutical form of the medicinal product

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

**Representative office in Romania/ Contact person**

Name :	
Adress :	
City :	
Country :	
Phone no. :	
Fax no. :	
E-mail :	

The undersigned take all responsibility on the accuracy of the data in this form.

Date.....

Marketing authorisation holder/ Representative office in Romania  
Name, signature, stamp