# PAYMENT FORM TARIFF FOR GRANT OF WHO - FORMAT MEDICINAL PRODUCT CERTIFICATE

Name of the medicinal product

#### Pharmaceutical form, strength, administration route

Pharmaceutical form:	
Strength:	
Administration route:	

### **Marketing Authorisation Holder**

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

### Type of authorisation procedure

National:	
Mutual	
recognition or	
decentralised	
procedure	

## Status of the medicinal product

Authorised:	
MA no/granted on	
Marketing authorisation	
procedure in progress /	
application for marketing	
authorisation submitted on	
Not authorised in Romania	

## Paying company

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

Proposed	I form of payment
Lei:	
Euro:	

Paid service			

Grant of WHO - format	
medicinal product	
certificate	

### Date of application submission (Proposer, NMA)

Contact	norson/Ro	presentative	to	Romania
Ounder		presentative	ω	Nomama

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

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

Date.....

Marketing Authorisation Holder/Representative to Romania Name, signature, stamp