

FEE PAYMENT FORM FOR REGULATORY AND SCIENTIFIC ADVICE
(ORDINANCE nº 377/2005, OF APRIL 4)
(Read the instructions carefully before filling out)

1. Applicant Identification:

| | |
|--|--------------------|
| COMPANY NAME: | TAX NUMBER: |
| ADDRESS: | |
| PUBLIC UTILITY STATUS: NO <input type="checkbox"/> YES <input type="checkbox"/> | |

2. Identification of act(s):

| Procedure Type | Requested Act | Unit Cost € | Units | Amount |
|----------------|---|-------------|-------|--------|
| Medicines | Request for Regulatory Advice | 797,94 | | |
| | Request to a Scientific Advice regarding 1 Field* | 1.918,13 | | |
| | Request to a simultaneous Scientific Advice regarding 2 Fields* | 3.836,26 | | |
| | Request to a simultaneous Scientific Advice regarding 3 Fields* | 5.754,39 | | |
| | Request to a simultaneous Scientific Advice regarding 4 Fields* | 7.161,00 | | |

* Fields: Clinical, Non-Clinical, Pharmaceutical and Pharmacokinetic

4. Payment Identification:

TRANSFER from the IBAN of origin no. _____, the
amount of _____,
to IBAN of destiny: **0781 0112 00000006250 42** of the account held at IGCP - Instituto de Gestão de Tesouraria e do Crédito Público, I.P.,
IBAN: **PT 500781 0112 00000006250 42**,
SWIFT CODE: **IGCPPTPL**,
payable to INFARMED – Autoridade Nacional do Medicamento e Produtos de Saúde, I.P., relative to the payment of the above applied services.

As this is a VAT-Exempt transaction, this document and its respective payment proof, is valid as a Receipt.

Signature and stamp of applicant:

_____, _____ of _____ of _____

Filling Out Instructions

0. General:

Fill out all fields of the "Fee Payment Form" in legible letters.

The application will be deemed invalid if not fully filled out or filled out incorrectly.

1. Applicant Identification:

Always clearly identify the Applicant in this field.

2. Identification of act/acts:

The acts shall be indicated in the appropriate line according to the specified description.

3. Payment Identification:

This field shall be filled out with the IBAN of origin.

The Fee Payment Form along with the respective proof of payment should be delivered in duplicate.

The original shall instruct the submission procedure and be sent to Regulatory and Scientific Advice Department to email garc@infarmed.pt and its duplicate to Human Resources and Financial Management Directorate to email contabilidade@infarmed.pt.