**Substitute form for obtaining of data for application associated with the payment for reimbursement of costs of expert activities performed upon request – medical devices**

This form is intended for applicants who, for any reasons, cannot themselves generate the document “Proof of payment for reimbursement of costs of expert activities performed upon request” directly from http://www.sukl.cz, section Interactive form for application related to covering expenditures for expert activities conducted upon request and administrative fees. The completed form is to be submitted or sent to SÚKL mailroom. On the basis of these data, SÚKL employees shall enter your application into the database in a standard manner and shall provide you or send to you (as agreed) the document “Proof of payment for reimbursement of costs of expert services performed upon request”; this document is then to be submitted together with your application.

**Important notice:**

**This form does not serve as the document of “Proof of execution of payment for reimbursement of costs of expert activities performed upon request” which is to be submitted with the application!!!**

***Explanatory notes:***

***In case of items where selection may be made, please check the grey field ( )***

***In case of items marked with \*), applicants established in the Czech Republic shall complete the Company Reg. No. (IČ), and applicants established abroad shall complete the code under which the applicant is registered in the SÚKL database (code will be communicated from the SÚKL accounting department).***

***Items marked with \* are mandatory.***

**Applicant:**

|  |
| --- |
| Company name\*: |
| \*) ID\*: |
| Street\*: |
| Building no.\*: |
| City/town\*: |
| Postal Code\*: |
| Country\*: |
| E-mail: |

**Payer´s bank account number\*:**

**Contact/authorised person for acting on behalf of the applicant with SÚKL:**

|  |
| --- |
| Title: |
| Name\*: |
| Surname\*: |
| Telephone\*: |
| Fax: |
| E-mail: |
| **Please complete the below specified data only if the address of the contact/authorised person is not identical with the address of the applicant:** |
| Company name\*: |
| \*) ID\*: |
| Street\*: |
| Building number\*: |
| City/town\*: |
| Postal Code\*: |
| Country\*: |

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| **Generated document “Proof of payment for reimbursement of costs of expert services conducted upon request”:**  a) Will be personally collected upon previous agreement with a SÚKL mailroom employee:  b) Is to be sent to the below specified contact:   * *address:* * *fax:* * *e-mail:* |

**Additional details** *(such as basic data about the medical device, in case of a general application specification of the assessed area, or specification of the person with whom the application has been discussed in advance, where applicable) \****:**

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**Concerned application type code – see Pricelist of cost reimbursements (Annex 1):**