# Administrative Fee Refund Applications

**Please fill in all the fields to clearly identify your application!**

|  |  |
| --- | --- |
| Application file no.  |  |
| Registration number \*) |  |
| Procedure no. \*\*) |  |
| Expert activity (for categories, see UST-29): |  |
| Code (see UST-29): |  |
| Name of product (in registration-related applications):  |  |
| Content of application |  |
| Applicant’s name: |  |
| Applicant’s address: | Street, PO Box: | Town, Postcode, State: |
| Contact: |  |
| Contact person’s address: |  | Phone, email: |
| Amount to refund (in CZK): |  | Date of payment: |
| Variable symbol \*\*\*) |  | Requested currency of refund: |
| Name of Applicant’s bank: |  | Address: |
| Account no/bank code:  |  | IBAN: |
| SWIFT: |  | National clearing code – if known: |
| Reason: |  |
| Link to sources where claim can be verified: |  |

*\*) Please state the registration number in application for the refund of the annual maintenance payment, or for the refund of reimbursements of costs of any proceedings relating to medicinal product already registered*

*\*\*) Number of procedure for mutual recognition procedures*

*\*\*\*) Variable symbol specified in the “Confirmation of Administrative Fee Payment” document*

 Date Applicant’s name and signature

## Please do not fill in – for Institute’s internal purposes:

Administrative fee (AE) refund complies/does not comply with Section 7 of the Act on Administrative Fees:

- AF not contained in the pricelist was paid; AE paid by a person who is not its payer; excessive AF paid; or no application subject to AF as per the pricelist has not been received.

In light of the above, I consent/do not consent to the refund of: CZK

 Date Name and signature of the operation’s mandator

Decision was issued under file no…………… on …………, to

a) refund the administrative fee in full

b) return a portion of the administrative fee of ……………

c) refuse the application for the administrative fee refund

 Date Name and signature, accountant of SÚKL