### Substitute form for obtaining details associated with the payment of an administrative fee

This form is intended for applicants who for whatever reasons themselves cannot retrieve the “Proof of Payment of Administrative Fee” directly from [http://sukl.gov.cz](http://sukl.gov.cz/), section About us – Tariff and fees. The completed form should be handed over or sent to SÚKL mail room. On the basis of these data SÚKL employees shall enter your request to the database in a standard manner and shall give you or send to you (as agreed) the “Proof of Payment of Administrative Fee” to be attached to your request.

#### Important notice:

#### This form does not fulfil the role of the “Proof of payment for reimbursement of costs of expert services performed upon request”, which is to be submitted together with the application!!!

***Explanatory notes:***

***For items with several options indicate your choice by checking the grey box ( [x]*** ***)***

***For items marked with \*) applicants with registered office in the Czech Republic fill in their IČ, applicants with registered office abroad fill in 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:**

|  |  |
| --- | --- |
| Business name\*: |  |
| \*) ID\*: |  |
| Street\*: |  |
| Building number\*: |  |
| City\*: |  |
| ZIP CODE\*: |  |
| Country\*: |  |
| E-mail: |  |

|  |  |
| --- | --- |
| **Payer’s bank account number** \*: |  |

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

|  |  |
| --- | --- |
| Title: |  |
| Name\*: |  |
| Surname\*: |  |
| Telephone\*: |  |
| Fax: |  |
| E-mail: |  |
| **The below listed details are to be completed only if the address of the contact/authorised person is different from that of the applicant:** |
| Business name\*: |  |
| \*) ID\*: |  |
| Street\*: |  |
| Building number\*: |  |
| City\*: |  |
| ZIP CODE\*: |  |
| Country\*: |  |

|  |
| --- |
| **Instructions for handling regarding the generated document “Proof of payment for reimbursement of costs of expert services performed upon request” \*:**a) document will be personally collected as agreed in advance with an employee of the SÚKL mail room: [ ] b) please send the document to the below listed contact: [ ] * *address:*
* *fax:*
* *e-mail:*
 |

**If your application pertains to marketing authorisation please complete the following details:**

|  |  |
| --- | --- |
| Name, pharmaceutical form, strength of the medicinal product \*: |  |
| Active substance\*: |  |
| Indication group\*: |  |
| Anticipated date of submission of the application \*: |  |
| Dossier in electronic format\*: |  Yes [ ]  No [ ]  |

**Type of application – Payment of an administrative fees (part 1)**

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