

AIC ANNUAL FEE PAYMENT 2012 – DIFFERENT PAYMENTS FORM

Estimable

Italian Medicines Agency – Aifa

Administrative Affairs,
Accounting and Balance Office

to send to:

s.capponi@aifa.mailcert.it

SELF – CERTIFICATION ACCORDING TO ART. 46 of Decree of President of Republic of 28 December 2000,
No. 445

I, the undersigned _____ born in _____
on _____ (identity card _____ issued on _____
by _____), as _____ of _____ (hereinafter referred
to as “ Company /Institution”), SIS code _____, with office in _____, address
_____, tax code number _____, valued added tax identification number
_____, pursuant to and in accordance with Articles 46 and 47 of the Decree of
the President of the Italian Republic of December 28, 2000, No. 445, duly warned about the
liability and the criminal and civil consequences provided by art. 76 of Decree of the President of
the Italian Republic of 28 December 2000 No. 445, in case of false statements,

DECLARE

that the total number of AIC this Agency requests payment for, through MAV Paying-in slip, have no
correspondence to what is actually due as:

- 1) Indicate the AIC code/s for which it is deemed not to have to pay the annual fee, explaining the
motivations.

- 2) Indicate the AIC code/s for which it is deemed to have to pay the annual fee, explaining the
motivations.

The sum to be paid on the basis of abovementioned variations amounts to _____ euro.

Signatory's Copy of Identification card is enclosed to this document.

Date

Signature