

ANNUAL FEE PAYMENT 2019 – DIFFERENT PAYMENTS FORM

Estimable
Italian Medicines Agency – Aifa
Accounting and Balance Office
to send to: protocollo@pec.aifa.gov.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, 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