MALTA



MEDICINES

AUTHORITY

**Annex 5.1 – 30% Discount Form\***

As per fee guideline, section 2.1 I would like to avail myself of the 30% discount for submitting 3 lead applications through the national and Mutual recognition procedure and decentralised with Malta as RMS as per details below:

Name of Applicant\*

|  |
| --- |
|  |

**Procedure No 1: Fee Paid (€) Date Submitted**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MT/H/ |  | € |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |

**Procedure No 2: Fee Paid (€) Date Submitted**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MT/H/ |  | € |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |

**Procedure No 3: Discounted Fee Paid (€) Date Submitted**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MT/H/ |  | € |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |

*\*This needs to be the same for the 3 lead applications*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Marketing Authorisation Holder / Applicant Date