**Declaration of fees coverage**

 **– clinical trial[[1]](#footnote-1) -**

Declaring sender

Name of company: Klicken Sie hier, um Text einzugeben.

Contact person: Klicken Sie hier, um Text einzugeben.

Street: Klicken Sie hier, um Text einzugeben.

Place: Klicken Sie hier, um Text einzugeben.

Country: Klicken Sie hier, um Text einzugeben.

We declare that we will cover all fees incurred by the regulatory authority within the scope of the authorisation of (a) clinical trial(s) including all follow-up procedures, for which an application was submitted to the Paul-Ehrlich-Institut.

This declaration of fees applies to the following clinical trial (s):

EudraCT number: Klicken Sie hier, um Text einzugeben.

Template number: Klicken Sie hier, um Text einzugeben.

Would you like to receive future fees notifications electronically?

Yes: [ ]  Email: Klicken Sie hier, um Text einzugeben.

No: [ ]

Please send the electronically completed template by email, **preferably to the** **email address of your contact person at the Unit ‘Fees Collection’** or to this email address gebuehren@pei.de

Klicken Sie hier, um Text einzugeben.

 ………….……

Place, date:

Klicken Sie hier, um Text einzugeben.

 ………………..…………..

*name, function and phone number*

1. For all other procedures please use the template *Declaration of fees coverage – general* –

2 This form is only valid for declaration on fees or the declaration on fees of amendments [↑](#footnote-ref-1)