**Act on handling-acceptance of documents [[1]](#footnote-1)**

Dossier(s) of the following medicinal product is (are) submitting in purpose of registration, re-registration, variation assessment:

|  |  |  |
| --- | --- | --- |
| **Trade name, pharmaceutical form, strength, presentation form of medicinal product** |  | |
| **Name and address of manufacturer (batch releaser)** |  | |
| **Name and address of marketing authorization holder** |  | |
| **Submitted documents:** | **availability / quantity** | |
| **Application** |  | |
| **Document confirming state tax for registration fee** |  | |
| **Document confirming state tax of the assessment fee** |  | |
| **Power of Attorney** |  | |
| **Registration Documents (Dossier)** |  | |
| **Electronic device (e.g. CD)** |  | |
| **Who handed over** | | **Who accepted** |
| **name of company** | | **name of company**  “Centre of Drug and Medical Technology Expertise” SNCO |
| **name of department** | | **name of department**  General and external affairs department |
| **name, last name** | | **name, last name** |
| **date, signature, seal/stamp** | | **date, signature, stamp** |

1. ***The act shall be submitted either by marketing authorization holder or by its authorized representative in 2 copies filled, printed, signed and sealed/stamped in advance.*** [↑](#footnote-ref-1)