|  |  |  |
| --- | --- | --- |
| **MARKETING AUTHORISATION HOLDER (MAH) REQUEST FOR LOW FLAT FEE** | | |
|  |  | |
| **Please return this form before 10th January 2024**  **Late responses will automatically incur additional fees** | | |
|  |  | |
| **DETAILS OF MAH** | | |
|  |  | |
| Name of MAH |  | |
| SPOR number |  | |
| Invoicing address |  | |
|  |  | |
|  |  | |
| VAT number |  | |
| Finance contact |  | |
|  |  | |
| **TURNOVER INFORMATION for reduced flat fee** | | |
|  | |  |
| **Turnover for MAH products in Belgium in 2022\*** | | |
|  | |  |
| □ Low flat fee – **turnover < 100 000 Euro** | | € 1 500,00 |
|  | |  |
| PO Number: □ yes □ no | NR: | |
|  | | |
| I hereby certify that the information provided on this form is correct and **enclose proof of the turnover:** | | |
| □ External auditor certification |  | |
| □ External market measurement data |  | |
| □ Other : ………………………. |  | |
|  |  | |
| Name |  | |
| Title |  | |
| Date |  | |
| Signature |  | |

\* *the annual fee category for 2024 is based on the FMD products belonging to the MAH in January 2024 and on the turnover for these products in 2022 (****even if these products did not belong to the MAH at that time).***

***\*\* Please complete one form per registered MAH.***

***\*\*\* Each PO number must clearly indicate the name of the concerned MAH.***