Protected B when completed

# FRM-0456: Fee form for an electronic certificate of a pharmaceutical product and good manufacturing practices certificate

For Health Canada use only:							
Record number:			Certificate numb	er:			
The following sections are to be completed by the applicant							
Section 1: Bill to							
Company name:		Drug establishment licence (DEL) number:					
Address:						Suite:	
City:	Province:	:			Postal code:		
Country:							
Contact name:		Title	2:				
Customer number:							
Preferred language of communication:					English	French	



#### Section 2: Pre-authorized payment

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If there is credit available on the customer account noted above and this credit should be used towards paying for the certificates, select this box

### Section 3: Fee for a certificate of a pharmaceutical product and/or good manufacturing practices certificate

x fee for a CPP and/or GMP certificate ( <u>human use</u> or					
(Applicable taxes are based on the current rates enforced by the province in which the applicant resides.					
Title:					
Date (yyyy-mm-dd):					

#### Privacy notice

The personal information you provide to Health Canada will be used by the Drug Establishment Licensing regimen, under the authority of the *Food and Drugs Act*, section 23(1)(c) and handled in accordance with the *Privacy Act*.

Why are we collecting your personal information? The personal information is used to support Health Canada's compliance and enforcement activities, including inspections and investigations related to human or veterinary drugs.

Will we use or share your personal information for any other reason? In limited and specific situations, your personal information may be shared internally or with other regulators through international agreements, without your consent in accordance with subsection 8(2) of the *Privacy Act*.

What are your rights? You have the right to access and request a correction and/or notation to your personal information. You also have a right to complain to the Privacy Commissioner of Canada if you feel your personal information has been handled improperly. For more information about these rights, or about how we handle your personal information, please contact Health Canada's Privacy Management Division at 613-948-1219 or <a href="mailto:privacy.vie.pricee@hc-sc.gc.ca">privacy.vie.pricee@hc-sc.gc.ca</a>.

For more information: The collection of your personal information is described in Info Source at <a href="infosource.gc.ca">infosource.gc.ca</a>. Refer to the personal information bank (PIB) for these collections, which are described in HC PPU 407 Compliance and Enforcement Pharmaceutical Drugs and HC PPU 408 Compliance and Enforcement – Biologics & Radiopharmaceuticals.

## FRM-0456: Fee form for an electronic certificate of a pharmaceutical product and a good manufacturing practices certificate

#### When to use this form

Canadian applicants only may use this form to apply for an electronic:

- certificate of a pharmaceutical product (CPP) issued under the <u>55th report of the WHO Expert</u>
  Committee on Specifications for Pharmaceutical Preparations or
- good manufacturing practices (GMP) certificates

This form will help you determine the fee for a CPP or GMP certificate application.

#### How to complete this form

This section explains how to fill out the fee form for an electronic CPP and electronic GMP certificate.

The Canadian applicant must complete all fields, including signing and dating the application form. If mandatory/applicable fields are not complete, we will reject the certificate application.

#### Section 1: Bill to

- 1. Enter the company name, drug establishment licence (DEL) number and company address.
- 2. Enter the customer number of the company to whom the invoice should be sent. We generate Health Canada customer numbers when we receive the first CPP or GMP certificate application. Your number is in the top right corner of any previous invoice for a CPP or GMP certificate created by Health Canada.
- 3. For new applicants: We'll create a customer number for you and send it to you with the invoice.

Please include the following information:

- full legal/proper name of the applicant
- applicant's address
- contact person information (name, position, department, telephone number, fax number and email address)
- 4. The invoice will be emailed to the email address of the original applicant/requestor.
- 5. Select the official language in which you would like us to communicate with you about fees for a CPP and GMP certificate

#### Section 2: Pre-authorized payment

- 6. If there is credit available on the customer account noted above and this credit can be used towards paying for the certificates, please indicate if the credit should be used.
- 7. If any other payment is being used, please wait to receive an invoice before submitting payment to accounts receivable.

#### Section 3: Fee for a certificate of pharmaceutical product and/or good manufacturing practice certificate

- 8. Submit only 1 fee form per application package. This fee form includes the total amount due for all certificates requested (CPP and GMP certificates).
- 9. In the "Number of Certificates" field, enter the number of certificates you're requesting in this application.
- 10. Multiply the number of certificates by the fee for a CPP or GMP certificate (<u>human use</u> or <u>veterinary use</u>) and add the applicable taxes from Table 1.
  - Certificate fees increase on April 1 of every year

Table 1: Applicable taxes by province/territory

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Province/territory	Type of tax	Rate/percentage taxes	Total tax rate
Alberta	GST	5%	5%
British Columbia	GST + PST	5% + 7%	12%
Manitoba	GST + PST	5% + 7%	12%
New Brunswick	HST	15%	15%
Newfoundland and Labrador	HST	15%	15%
Northwest Territories	GST	5%	5%
Nova Scotia	HST	15%	15%
Nunavut	GST	5%	5%
Ontario	HST	13%	13%
Prince Edward Island	HST	15%	15%
Quebec	GST + QST	5% + 9.975%	14.975%
Saskatchewan	GST + PST	5% + 6%	11%
Yukon	GST	5%	5%

<sup>11.</sup> Sign, date and enter your name and title.

#### How to submit your form

Email your fee form, along with your CPP or GMP certificate application form, to <a href="mailto:cpp\_questions@hc-sc.gc.ca">cpp\_questions@hc-sc.gc.ca</a>.

#### For more information

For information or help with your CPP or GMP certificate application, contact the <u>CPP group</u> by email at cpp\_questions@hc-sc.gc.ca.

For information about payments, contact the accounts receivable department at:

Health Canada – Accounts Receivable

Telephone: 1-800-815-0506 Email: ar-cr@hc-sc.gc.ca