**Master File (MF) Application Fee Form For Human Drugs**

| 1. **MF OWNER/AGENT** | | | | |
| --- | --- | --- | --- | --- |
| **Master File Name:** | | | | |
| **MF Number (if issued):** | | | | |
| **MF Company Name:** | | | | |
| **Business Number:**  (Provide the nine-digit number that Canada Revenue Agency has assigned to the MF Owner/Agent, if applicable.) | | | | |
| 1. **CALCULATION OF PAYMENT** | | | | |
| **MF for New Registration:** | | 1298 x $Cdn = | $ | |
| **MF Update:** | | 563 x $Cdn = | $ | |
| **Number of Letters of Access Enclosed:** | | 184 x $Cdn = | $ | |
| **Total Fee (sum of the above):** | | | $ | |
| **Fees Paid by:**  Owner  Agent | | | | |
| **Customer/Client Account Number (if issued):**  4 | | | | |
| 1. **CERTIFICATION** | | | | |
| **Do not send payment with your application. Health Canada will verify the fee and issue an invoice accordingly.**  **For information on MF fees and the payment of invoices please refer to the** [**Funding**](https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/applications-submissions/guidance-documents/cost-recovery/pay-fees-2019.html) **and Fees website.**  I, the undersigned, certify that:   1. The information and material included in this form is accurate and complete. 2. No information is false or misleading and no omissions have been made that may affect its accuracy and completeness. | | | | |
|  |  | | |  |
| Name of Authorized Signing Official | Signature | | | Date (YYYY-MM-DD) |