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

| 1. **MF OWNER/AGENT** | | | | |
| --- | --- | --- | --- | --- |
| **Master File Name:** | | | | |
| **MF Number (if issued):** | | | | |
| **MF Company Name:** | | | | |
| 1. **CALCULATION OF PAYMENT** | | | | |
| **MF for New Registration:** | | x $1200 Cdn = | $ | |
| **MF Update:** | | x $520 Cdn = | $ | |
| **Number of Letters of Access Enclosed:** | | x $170 Cdn = | $ | |
| **Total Fee (sum of the above):** | | | $ | |
| **Fees Paid by:**  Owner  Agent | | | | |
| **Customer/Client Account Number (if issued):** | | | | |
| 1. **METHOD OF PAYMENT** | | | | |
| **Method of Payment:**  Bill Payment Service Option (preferred method)[[1]](#footnote-1)  Cheque  International Bank Draft  Bank Wire  Money Order  Payment Using Existing Credit  MasterCard / Visa / Amex / Visa Debit / JCB International | | | | |
| 1. **CERTIFICATION** | | | | |
| **The undersigned certifies that payment (in Canadian currency) will be submitted for the Total Fee indicated above.**  **\*Please complete the form** [**Advance Payment Details for Drug Submissions and Master Files**](http://www.hc-sc.gc.ca/dhp-mps/alt_formats/pdf/prodpharma/applic-demande/form/adv-pa-av-eng.pdf)**.** | | | | |
|  |  | | |  |
| Name of Authorized Signing Official | Signature | | | Date (YYYY-MM-DD) |

|  |  |  |  |
| --- | --- | --- | --- |
| **For Office Use Only** | | | |
| SAP Number: |  | Invoice Date: |  |
| Master File Number: |  | Invoice Number: |  |

1. Please see the section on [Payment through a Canadian Financial Institution](http://www.hc-sc.gc.ca/dhp-mps/prodpharma/applic-demande/guide-ld/costs-couts/crpay_rcfrais_for-eng.php) [↑](#footnote-ref-1)