**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 $1248 Cdn = | $ |
| **MF Update:** |  x $541 Cdn = | $ |
| **Number of Letters of Access Enclosed:** |  x $176 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**](https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/dhp-mps/alt_formats/pdf/prodpharma/applic-demande/form/adv-pa-av2-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)