



EVALUATIONS AND REGISTRATION DIVISION

QUOTATION CONFIRMATION FORM

Vat Number 10068132

Business Partner Number 200023681

Guideline: All sections of this form except for the column titled Fees in section 2 must be completed and the form sent to the Evaluation and Registration Division (adminEVR@mcaz.co.zw) for confirmation of the fees for applications for registration, reinstatements and applications for post registration variations. The form signed by the Evaluation and Registration division should be presented at MCAZ together with the proof of payment when applications are submitted.

SECTION 1: APPLICANT DETAILS

Company Name	
Address	
Telephone	
Email Address	
VAT Number (if applicable)	
Business Partner Number (if applicable)	
Name and Address of Principal	

SECTION 2: PRODUCT (S) INFORMATION**2.1 For applications for registration of NEW medicines or reinstatement of previously registered medicines (ONLY):**

Generic name, strength and pharmaceutical form	Name and Address of Finished Pharmaceutical Product Manufacturing Site(s) and responsibility of each manufacturer	Registration pathway ¹	Fees ² (For Official Use Only)
	Total excluding VAT		
	14.5% VAT (if applicable)		
	AMOUNT PAYABLE		

¹ This refers to whether the registration pathway intended is normal allopathic, veterinary, line-extension, complementary, WHO collaborative procedure, ZAZIBONA or expedited review.

² Specify currency

2.2 To be completed for applications for post-registration variations ONLY:

Generic name, strength and pharmaceutical form	Name and Address of Finished Pharmaceutical Product Manufacturing Site(s) and responsibility of each manufacturer	File Number ¹	Nature of variation ²	Fees ³ (For Official Use Only)
<i>Please add rows as necessary</i>				
	Total excluding VAT			
	14.5% VAT (if applicable)			
	AMOUNT PAYABLE			

Note: ¹ the file number as denoted by the first four digits of the MCAZ registration number

²state the specific nature of the variation as outlined in the MCAZ fee schedule

³ specify currency

SECTION 3: BANKING DETAILS

Payment can be made by cash or direct transfer only, to Medicines Control Authority of Zimbabwe.

Locally Manufactured Products (RTGS ZWL)

Account name: Medicines Control Authority of Zimbabwe
Bank: Nedbank
Branch: Jason Moyo Avenue
City: Harare
Account Number: 121037001009
Swift Code: MBCAZWHX
Currency: RTGS ZWL

Externally Manufactured Products (NOSTRO FCA)

Account name: Medicines Control Authority of Zimbabwe
Bank: Nedbank
Branch: Jason Moyo Avenue
Account Number: 11990590011
Swift Code: MBCAZWHX
Currency: USD

Please note that direct transfers usually attract a commission charged by the banks leading to a shortfall in application fees. Provisions should be made to cover such shortfalls.

FOR OFFICIAL USE ONLY

Fees confirmed by:

Name _____ **Signature** _____

Date _____