***Pro-forma invoice N***

*(for transfer in USD)*

|  |  |
| --- | --- |
| INTERMEDIARY BANK | CITIBANK NA, NEW YORK |
| SWIFT (BIC) | CITIUS33 |
| BENEFICIARY’S BANK | AMERIABANK, YEREVAN |
| BENEFICIARY’S BANK SWIFT (BIC) | ARMIAM22 |
| BENEFICIARY’S ACCOUNT | 1570015951390101 |
| BENEFICIARY’S NAME | JSC Scientific Center of Drug and Medical Technology Expertise after academic Emil Gabrielyan49/5 Komitas aven., Yerevan 0051Republic of Armenia |

|  |  |
| --- | --- |
| **Payer** |  |
| **Registration certificate holder** |  |
| **Manufacturers/Production chain** |  |
| **Active substance(s) name(s)**  |  |
| **Name, pharmaceutical form, strength, presentation form with quantity of units included in the package** |  |
| **Procedure** *(according to the Decree of Government of the Republic of Armenia N166-N)* |  |
| **Application type** *(according to the Decree of Government of the Republic of Armenia N166-N)* |  |
| **Assessment fee in AMD (including VAT)** |  |
| **Assessment fee in USD (including VAT)** |  |

Please note that commission will be deducted from the transferred amount and the payment has to be received in full. We require all international transfers to us to be made with the **OURG** instruction (you pay all transfer charges: Guaranteed)!

Head of the Finance and Accounting Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ L. Shakhbatyan