



N°14582\*02

## REMITTANCE FORM FOR PAYMENTS TO THE DGFiP (Art. 1635 bis AE of the French General Tax Code)

REWITT	ANCE FURIVI F	OR PATIVIE	NIS TO THE DGF	IP (AI	t. 1035 bis <i>F</i>	AE OI THE FIE	ench General Ta	ix Code)
			Our Conta	act D	etails			
□ Direction de	s Créances S	péciales du	ı Trésor (DCST)		<b>2</b> :-	+33 (0)5.49	.02.53.92	
22, boulevard Blossac – Boite Postale 40649								
86106 Châtellerault Cedex, France @: dcst.rg@dgfip.finances.gouv.fr								
Bank account details								
Your Contact Details								
→ If this is a first application for, variation to or renewal of a marketing authorisation								
APPLICANT's name (or company name) and address (this name will appear on the receipt)								
							(	@:
Contact name	<b>.</b>							
Reference (to be written on the debit advice):								
→ Reference assigned by the applicant, starting with the first three letters of the company name								
(see the notice)								
→ Intracommunity VAT number <i>or</i> applicant's name (or company name) (if no intracommunity VAT number)								
e-mail address to which the copy of the receipt is to be sent :								
				<i>J</i> C 3C				
Code	Quantity	Unit cost	Total cost	£	Code om the scale or	Quantity	Unit cost	Total cost
from the scale or "C" if supplementary			(€)		if supplementary			(€)
payment					payment	1	0	
						Carried over		
Total to be carried over					Rer	nittance to	tal	
			Your payment	(- ron	nittance total)		-	
			rour payment	(- ren	illiance lolai)			
Bank transfer (E	enclose a conviot	the dehit adv	(ica) Date:					
Darik transier (E					1 [	_		
(Do not write in this space)					Signatory's name and function			
	<u>ounts</u>		Reception date:					
Amount: Transact. No.:								
Date:					Date and	l signature:		
Date.						ı sığı iatul 6.		