**Individual Authorisation Payment Request Form 2024**

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| --- | --- |
| Date |  |
| Payee | **Health Products Regulatory Authority HPRA HPA001** |
| Reference(Applicants surname and initial – max 13 characters) |

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(Please include the applicants name here. This reference (Family name & First name initial is sufficient) will be included on the remittance advice sent to the HPRA. Note: it cannot be longer than 13 characters.) |
| Payment | **The Individual Authorisation fee for 2024 is €320.00.** **Form can then be mailed as attachment to emma.duffy@ucd.ie** |
|  | **Purchase Order Number …………………………………………** |