



# Veterinary Medicines Directorate

## Annual Fees for Veterinary Medicinal Marketing Authorisations 2023 Calendar Year Turnover Declaration

**Marketing Authorisation Holder's Name:**

**Company Code:**

Please complete all parts of this form. Submit forms to VMD at [financepost@vmd.gov.uk](mailto:financepost@vmd.gov.uk)

**Please use block letters and black ink**

1. Enter the Sales value (total turnover) at manufacturers' prices of all authorised veterinary medicinal products sold or supplied in the UK during the 2023 calendar year:
2. Enter the number of active Marketing Authorisations held at any time during the 2023 calendar year excluding Autogenous Vaccines:
3. Enter the number of active Marketing Authorisations for Autogenous Vaccines held during the 2023 calendar year. We will write to you later in the year for the sales figure:

Note: A Marketing Authorisation (MA) is active if the product to which it relates has been sold, supplied or manufactured in the UK at any time in the calendar year 2023. An MA is dormant if there were no UK sales in 2023.

4. List all active marketing authorisations at Part 9a and all dormant marketing authorisations at Part 9b. A report listing the active and dormant marketing authorisation is also acceptable to VMD.

Submit your signed and completed declaration form by 30 June 2024 to [financepost@vmd.gov.uk](mailto:financepost@vmd.gov.uk)  
We will then advise you whether an audit certificate is required to substantiate your return.

**Do not pay any fees now.**

The VMD will issue an invoice for the correct amount later in this financial year and the amount will be payable within 30 days of the invoice.

**Annual fee calculator**

- 5. Sales value box (Box 1) x 0.67%:
  
- 6. Number of active authorisations held excluding Autogenous vaccines (Box 2 x £230 or, if Box 1 is less than £230,000 Box 2 x £200):
  
- 7. Total fee payable rounded to nearest £1:
  
- 8. Please confirm the name, address and email address for VMD's invoice to be sent. Also provide the purchase order number to quote if required by your finance department:

Name:

Address:

Email address:

Purchase Order Number if required:

- 9. List all companies included in this return and their company code (or attach a listing with headers).

Company Name	Company Code

**(a) List below details of active authorisations by name and MA number (or attach a listing with headers).**

[illegible]

[illegible]

(b) List below details of dormant authorisations by name and MA number held (or attach a listing with headers).

Product	MA No.	Product	MA No.

Transfers: List below details of authorisation transfers that have been received or released from one company to another during the 2023 calendar year (or attach a listing with headers).

Product	MA No.	Company transferred to/from (name & code)	Date


**Declaration:**

Please sign and date the declaration and provide a telephone number and email address in case of queries.

I declare that the information given in this form is consistent with the financial records of the company.

Signature of company Finance Director:

Name in block letters:

Date:

Email Address:

Telephone number including national dialling code:

Once completed and signed (electronic signature permitted) please return the form to

[financepost@vmd.gov.uk](mailto:financepost@vmd.gov.uk)