

Appendix 4 – Template Form									
	Given name and surname / name of entity	Seat / place of business	Country	Business address	Unique country identifier* (optional)	Donation and grants to HCO	Covering of Events costs		
							Sponsor agreements with HCO or 3rd parties designated by HCO to organise Event	Registration fees	
HCPs	<b>Individual disclosure - separate item for every HCP (ToVs made in the given Reporting Period shall be added together; itemised summary may be presented only at the request of the entitled)</b>								
	<b>Other - information which could not be disclosed individually</b>								
	Value of ToVs to Recipients								
	No. of Recipients in collective summary								
	% of Recipients included in the collective summary vs. total number of Recipients - by category								
HCOs	<b>Individual disclosure - separate item for every HCO (ToVs made in the given Reporting Period shall be added together; itemised summary may be presented only at the request of the entitled)</b>								
	<b>Other - information which could not be disclosed individually</b>								
	Value of ToVs to Recipients								
	No. of Recipients in collective summary								
	% of Recipients included in the collective summary vs. total number of Recipients - by category								
<b>Research and development activity (collective summary)</b>									
<b>Amount</b>									
* Tax ID number (NIP) for HCOs and medical license number fo HCPs									

