

To be returned, by post when completed, to:
The Secretary
Association of the British Pharmaceutical Industry
7th Floor, Southside, 105 Victoria Street, London SW1E 6QT
t +44 (0)20 7930 3477 membership@abpi.org.uk



Research Affiliate Membership

Application For Membership of the Association



Note: Attention is drawn to the 'Notes for Applicants' which accompany this form

PART I - GENERAL

1 Full name of Applicant

2 Address

Tel

Fax

Email

Website

3 Location of factories,
laboratories and
other premises (if
relevant)

4 Legal status of applicant (limited company, association, partnership etc)

Company Registration No:

If a limited company, date of incorporation

PART II – RESEARCH AFFILIATE MEMBERSHIP

1 Nature of the applicant's business.

2 If the applicant is a limited company, please list the names and nationalities of the directors:

3 (a) Capital of all kinds including loan capital and reserves £
(b) State the proportion of the above held by non-British persons or bodies corporate
(c) If you are a subsidiary of another company please state the name of the ultimate owner

4 Of what other trade or industrial organisations is the applicant a member?

5 Please state the total number of UK employees (full-time or equivalent) excluding directors

6 Indicate briefly the areas and scope of the applicant's business

7 Please state the turnover (if any) of the applicant for the last financial year for which figures are available
Year: Turnover:

8 Do you hold marketing authorisations granted under the Medicines Act 1968 in respect of prescription medicines for human use? Yes No If 'YES' please state how many

9 Are you prepared for the information given above to be disclosed to the Board of Management of the Association? Yes No If not, please state your reservations:

PART III

Declaration

1. We undertake:
 - (a) to abide by the rules and regulations of the Association including any code of practice adopted by the Association from time to time;
 - (b) to treat as confidential any documents so marked issued by the Association
2. I hereby declare that to the best of my knowledge and belief the foregoing statements are true and correct in every particular

Signed

Name
(Block capitals or typescript)

Date

Position
(Director or Secretary)