

**To be returned to:**

Company Secretary

*The Association of the British Pharmaceutical Industry*

7<sup>th</sup> Floor, Southside, 105 Victoria Street, London SW1E 6QT

+44 (0)20 7930 3477 [membership@abpi.org.uk](mailto:membership@abpi.org.uk)



# Application for Membership of The Association of the British Pharmaceutical Industry



**All Applicants should complete Sections 1 and 5 of this application form.**

**Additionally:**

- Applicants for **Full Membership** should complete Section 2
- Applicants for **Research Affiliate Membership** should complete Section 3
- Applicants for **General Affiliate Membership** should complete Section 4

## SECTION 1 – ALL APPLICANTS

**1. Full name of Applicant Company**

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**2. Applicant Company contact details**

Address:

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Tel:

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Email:

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Website:

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**3. Location of other UK premises**

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**4. Legal status of the Applicant**

What type of legal entity is the Applicant?  
(Limited company, association, partnership etc)

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Registration number (if applicable):

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Date of incorporation (if applicable):

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**5. Management of the Applicant**

Name of directors or partners (if applicable):

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If the Applicant is an unincorporated body, please list the names of those on the Board of Management or similar controlling body:

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**6. Subsidiaries**

If the Applicant is a subsidiary of another company or body, please state the name of the Applicant's ultimate owner:

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If there are subsidiary companies operating within the UK, to be included as a part of the Applicant's prospective membership, please give the name and address of each company:

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**7. Nature and scope of the Applicant's business**

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**8. Capital**

Amount of capital held (including loan capital and reserves):

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Proportion of capital held by non-British persons or bodies corporate:

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**9. Is the Applicant a member of any other trade of industrial bodies?  
If so, which ones?**

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- Applicants for Full Membership should now complete Sections 2 and 5
- Applicants for Research Affiliate Membership should now complete Sections 3 and 5
- Applicants for General Affiliate Membership should now complete Sections 4 and 5

**SECTION 2 – FULL MEMBER APPLICANTS ONLY**

**10. Marketing Authorisations**

Does the Applicant hold any marketing authorisations in respect of prescription medicines for human use? If so, please state how many: \_\_\_\_\_

**11. Sales (please include the relevant figures for related companies)**

Applicant's estimated total sales (for the last financial year for which figures are available) for:

Branded prescription medicines for human use in the UK (£GBP): \_\_\_\_\_

Generic prescription medicines for human use in the UK (£GBP): \_\_\_\_\_

Export sales: including to related companies overseas (£GBP): \_\_\_\_\_

If the figures above are zero; please indicate briefly how the Applicant's discoveries, or the products which it is developing, will be placed on the market (e.g. marketing by the Applicant or by licensing to other parties etc):

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**12. Manufacturing (excluding re-packing and re-labelling)**

For any figures given in the answer to question 11, please estimate the percentage of products:

Manufactured in the Applicant's own establishment or in that of a related company in the UK \_\_\_\_\_

Manufactured in an independent establishment in the UK \_\_\_\_\_

Manufactured overseas \_\_\_\_\_

**13. Research and development**

If the Applicant has entered into any arrangements to secure that the results of research and/or development carried out by other organisations are made available to the Applicant specifically for application in its business, please indicate the general nature of these arrangements:

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**14. Products**

Please indicate what arrangements the Applicant makes to obtain professional and scientific confirmation of the accuracy of the information concerning its products which the Applicant then issues to prescribers and other health professionals (please enclose specimens of product literature and journal advertisements issued or published during the past three months):

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***If the Applicant issues product or price lists please include a copy with this application form.***

**15. Employees**

Total number of employees (full-time or equivalent): \_\_\_\_\_

Number of your own employees (full-time or equivalent) engaged in each of the following activities:

Manufacture of prescription medicines for human use, both branded and generic \_\_\_\_\_

Quality assurance of raw materials and finished products \_\_\_\_\_

Research devoted to the discovery and development of new and improved pharmaceutical products \_\_\_\_\_

Sales and marketing \_\_\_\_\_

Others \_\_\_\_\_

**Please now complete Section 5**



**SECTION 3 – RESEARCH AFFILIATE MEMBER APPLICANTS ONLY**

**10.** Please give relevant examples of any mutually beneficial interactions with the pharmaceutical industry in the UK:

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**11.** Does the Applicant hold any marketing authorisations in respect of prescription medicines for human use? If so, please state how many:

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**12. Employees**

Total number of employees (full-time or equivalent):

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**Please now complete Section 5**

**SECTION 4 – GENERAL AFFILIATE MEMBER APPLICANTS ONLY**

**10.** Please give relevant examples of any mutually beneficial interactions with the pharmaceutical industry in the UK:

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**11. Employees**

Total number of employees (full-time or equivalent) in the life sciences sector of the business:

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**Please now complete Section 5**

## SECTION 5 – ALL APPLICANTS

Is the Applicant happy for the information given in this applicant form and any attachments to be disclosed to the ABPI Board? Please indicate:

- YES
- NO

### DECLARATION

- The Applicant hereby consents to becoming a member of The Association of the British Pharmaceutical Industry (“the Company”) and undertakes:
  - a) to abide by the Company’s Articles of Association (a current copy of which is available on the ABPI website) and any other rules and regulations of the Company from time to time in force;
  - b) to abide by any code of practice adopted by the Company and to pay any levies calculated as due in relation to that code;
  - c) to pay all annual subscription charges promptly following receipt of an invoice from the Company (usually sent in the first half of the year);
  - d) where applicable, to pay any costs associated with the publication of the Applicant’s data on the Disclosure UK platform; and
  - e) to treat as confidential, any documents so marked issued by the Company.
- The Applicant hereby declares that it has understood that if its application for membership is successful, that membership of the ABPI (and the obligations that arise from it) shall continue indefinitely until the end of any period of notice given to the Company by the Applicant in accordance with the provisions of the Company’s Articles of Association. Those notice periods are currently as follows:
  - Full Members = remainder of current calendar year PLUS another complete calendar year
  - Affiliate Members = two calendar months
- The Applicant hereby declares that to the best of its knowledge, all of the information contained in this application form and any attachments is true and correct.

Signed for and on behalf of the Applicant:

\_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_