



# SINGAPORE ASSOCIATION OF PHARMACEUTICAL INDUSTRIES

151 Chin Swee Road, #02-13A/14 Manhattan House, Singapore 169876.

Tel : 6738 0966 Fax 6738 0977 Email: admin@sapi.org.sg

## Application for Membership

We, the undersigned, operating in the Republic of Singapore as a business entity, wish to apply for membership with the Singapore Association of Pharmaceutical Industries (SAPI) and, if successful shall abide by the Association's Constitution, Rules and Regulations, and Codes of Practices.

### 1 Organization Information

|                  |  |                           |      |
|------------------|--|---------------------------|------|
| Name of Company: |  | Company Registration No.: |      |
| Address:         |  | Postal Code:              |      |
| Email:           |  | Tel:                      | Fax: |
| Website:         |  | Date of Registration:     |      |

#### *Information on Parent and Regional Organization*

|   |          |              |  |
|---|----------|--------------|--|
| Ultimate Parent Organization  |          |              |  |
| Location of Parent Organization (Address)   |          |              |  |
| Key Affiliated Organizations located in Singapore: (e.g. names of subsidiary company if relevant) |          |              |  |
| Regional Organization: (Name and Address if located in Singapore or Asia-Pacific)                 |          |              |  |
| City/ State   | Country: | Postal Code: |  |

### 2 Local Company Contact Information

|                          |  |      |        |
|--------------------------|--|------|--------|
| Name of Head of Company: |  | Tel: |        |
| Position/Designation:    |  | Fax: | Mobile |
| Email:                   |  |      |        |

### 3 Activities Undertaken by your Organization

What are the principal activities of your organization in Singapore? Please check all that apply

|   |  |
|---|--|
| <p><u>Commercial Office</u></p> <p><input type="checkbox"/> Sales &amp; Marketing of Innovative Pharmaceutical Products</p> <p><input type="checkbox"/> Sales &amp; Marketing of Generic Pharmaceutical Products</p> <p><input type="checkbox"/> Sales &amp; Marketing of OTC/Consumer Health Products</p> <p><input type="checkbox"/> Sales &amp; Marketing of Medical Devices Products</p> <p><input type="checkbox"/> Regional HQ/Office</p> <p><u>Manufacturing</u></p> <p><input type="checkbox"/> Generic pharmaceuticals manufacturer/supplier</p> <p><input type="checkbox"/> Innovative pharmaceuticals manufacturer/supplier</p> <p><input type="checkbox"/> Pharmaceutical active/raw materials manufacturer</p> | <p><input type="checkbox"/> Distributor/Wholesaler/Agency House</p> <p><u>Research</u></p> <p><input type="checkbox"/> Contract Research Organization (CRO)</p> <p><input type="checkbox"/> Research and Development (R&amp;D)</p> <p><u>Others</u></p> <p><input type="checkbox"/> Biotechnology interests</p> <p><input type="checkbox"/> Consultancy services (Market research)</p> <p><input type="checkbox"/> Drug delivery technologies</p> <p><input type="checkbox"/> Medical Publications</p> <p><input type="checkbox"/> Others; please specify: _____</p> |
|---|--|

**4 Statement of claim for membership**

|   |
|---|
| Please provide a statement explaining why your organization is seeking membership of SAPI |
|   |

**5 Type of Membership**

Please indicate the type of membership you are applying for by checking the appropriate box.

|   |  |
|---|--|
| <input type="checkbox"/> <b>Ordinary Member</b> | <input type="checkbox"/> <b>Associate Member</b> |
|---|--|

**6 Product, Sales and Employee Data**

|   |      |
|---|------|
| What are or will be the principal products supplied by your organization in Singapore?          |      |
| What is the expected level of ex-manufacturer sales in Singapore in the current financial year? | SGD: |
| How many people do you employ in Singapore?   |      |

|   |  |
|---|--|
| Name of Authorized Representative (making this application on behalf of the company): |  |
| Signature   |  |
| Date of Application   |  |

|   |
|---|
| <i>Note: Membership applications are subject to the approval of the Board of Directors. Membership fees are renewable annually.</i> |
|---|

Please return this form, your Annual Report and any other information you wish to submit to support your application to:

**SINGAPORE ASSOCIATION OF PHARMACEUTICAL INDUSTRIES**

151 Chin Swee Road, #02-13A/14  
Manhattan House  
Singapore 169876

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|                                      |
|--------------------------------------|
| <b>FOR SAPI SECRETARIAT USE ONLY</b> |
|--------------------------------------|

|                  |                        |             |
|------------------|------------------------|-------------|
| <b>PROPOSER:</b> | _____                  | _____       |
|                  | (Name in Block Letter) | (Signature) |
| <b>COMPANY:</b>  | _____                  | _____       |
|                  |                        | (Date)      |
| <b>SECONDER:</b> | _____                  | _____       |
|                  | (Name in Block Letter) | (Signature) |
| <b>COMPANY:</b>  | _____                  | _____       |
|                  |                        | (Date)      |