15/11/2022

**Application for Membership of**

**The Association of the British Pharmaceutical Industry**

**Full membership** is open to organisations that supply prescription medicines for human use, manufacture medicines for human use, or hold marketing authorisations for such products and conduct business in the UK.

**Research Affiliate membership** is open to organisations that carry out their business in the UK and are engaged in the research and/or development of medicines for human use, but which have no sales of such products in the UK.

**General Affiliate membership** is open to organisations with an interest in the pharmaceutical industry that operate in the UK.

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| Completed application form to be returned to: |
| Company Secretary by email via [legal@abpi.org.uk](mailto:legal@abpi.org.uk)  For any questions regarding this application form contact membership department via [membership@abpi.org.uk](mailto:membership@abpi.org.uk) or +44 (0)20 7747 1414 |

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| 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 |
| |  | | --- | | 1. Full name of Applicant Company | |  | |

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| 1. Applicant Company contact details   Address: | |
| **Tel:** | **Email:** |
| **Website** | |

**Section 1 – All Applicants**

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| 1. Location of other UK premises |

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| 1. Legal status of the Applicant   What type of legal entity is the Applicant?  If other please specify: |
| **Registration number** (if applicable)**:** |
| **Date of incorporation** (if applicable)**:** |

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| 1. Management of the Applicant   Name of directors or partners (if applicable): |
| 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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| 1. Group companies   If the Applicant is a subsidiary of another company or body, please state the name of the Applicant’s ultimate owner: |
| If the Applicant is in a group of companies, please tell us the names of the other companies in your group and provide brief details of the relationship between you (including: does one UK General Manager report to the other? And do the companies both have the same parent company?): |

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| 1. Nature and scope of the Applicant’s business |

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| 1. Capital   Amount of capital held (including loan capital and reserves): |
| Proportion of capital held by non-British persons or bodies corporate: |

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| 1. Is the Applicant a member of any other trade of industrial bodies?   Yes:  No:  (only tick one box) If so, which ones? |

* 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

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| 1. Marketing Authorisations   Does the Applicant hold any marketing authorisations in respect of prescription medicines for human use? Yes:  No:  (only tick one box) If yes please state how many: |

**Section 2 – Full member applicants only**

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| 1. 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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| 1. 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: |

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| 1. 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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| 1. 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): |

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

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| 1. Employees   Total number of UK employees (full-time or equivalent): |
| Number of your UK employees (full-time or equivalent)  engaged in each of the following activities: |
| Manufacture of prescription medicines for human use, both branded and generic: |
| 1. Quality assurance of raw materials and finished products: |
| Research devoted to the discovery and development of  new and improved pharmaceutical products: |
| Sales and marketing: |
| Other: |

**Please now complete Section 5**

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| 1. Please give relevant examples of any mutually beneficial interactions with the pharmaceutical industry in the UK: |

**Section 3 –   
Research affiliate member applicants only**

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| 1. Does the Applicant hold any marketing authorisations in respect of prescription medicines for human use? Yes:  No:  (only tick one box) If yes please state how many: |

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| 1. Employees   Total number of UK employees (full-time or equivalent): |

**Please now complete Section 5**

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| 1. Please give relevant examples of any mutually beneficial interactions with the pharmaceutical industry in the UK: |

**Section 4 – General affiliate member applicants only**

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| 1. Employees   Total number of UK employees (full-time or equivalent)  in the life sciences sector of the business: |

**Please now complete Section 5**

**Section 5 – All Applicants**

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| 1. 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:  (only tick one box) |

**DECLARATION**

* The Applicant hereby consents to becoming a member of The Association of the British Pharmaceutical Industry (“the Company”) and undertakes:
* 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;
* to abide by any code of practice adopted by the Company and to pay any levies calculated as due in relation to that code;
* to pay all annual subscription charges promptly following receipt of an invoice from the Company (usually sent in the first half of the year);
* where applicable, to pay any costs associated with the publication of the Applicant’s data on the Disclosure UK platform; and
* 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:

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| Name: |

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| Position: | Date: 15/11/2022 |