

ASSOCIATION OF RESEARCH-BASED  
PHARMACEUTICAL MANUFACTURERS IN BULGARIA  
19, Fr. J. Curie Street

SOFIA 1113

## APPLICATION FORM

By..... from the city of .....,  
PIN ..... Natural person / authorized representative of  
.....

DEAR SIRs AND MADAMS,

I would like to apply on my behalf / on behalf of the pharmaceutical company ..... represented by me to be admitted to full/associate membership of the Association of Foreign Pharmaceutical Manufacturers in Bulgaria.

I DECLARE hereby that I have been acquainted and fully accept without reservations the Articles of Association of ARPharM, Code of Ethics of the research-based pharmaceutical industry in Bulgaria, the Code for Disclosure of Transfers of Value by Pharmaceutical Companies to Healthcare Professionals and Health Organizations, Code of Practice on Relationships between the Research-based Pharmaceutical Industry and Patient Organizations in Bulgaria, the Ethic Code of EFPIA, as well as any other acts or documents of the Association.

Would you be so kind as to consider my application in the first session and affirmatively decide on it?

ENCLOSURES:      1. Survey Form  
                          2. Power of Attorney.  
                          3. Copy or Excerpts from the Commercial Registry concerning the registration of the of the company-manufacturer  
                          4. Annual report of the company.

Date:

Yours sincerely: