



Membership Form

PART I

- 1, Name of Applicant Company:
2. Address:.....
.....
Tel:
Fax:
Email:
Website:
3. Location of branches, regional offices and other premises.
.....
.....
.....
4. Date of company registration and company registration number:
.....
5. Indicate briefly the nature and scope of your business:
.....
.....
6. If you are a subsidiary of another company please state the name of the ultimate owner.
.....
.....
7. If there are related companies please set out below the name and address of each company:
.....
.....
8. Of what other trade or industrial organisations are you a member?
.....
.....
9. Are product or price lists issued? (If so, copies should be enclosed with this application)
10. Total number of employees (full-time or equivalent) excluding directors
.....

PART II

1. (a) Estimate the total sales (for the last financial year for which figures are available) of your:
- i Branded prescription medicines/medical devices for human use in Nigeria (Naira)
.....
 - ii Generic prescription medicines for human use in Nigeria (Naira)
.....
- (b) Export sales (including exports to related companies overseas) (Naira)
NB: Please include in the figures for sales the relevant figures for related companies
.....
.....
2. Estimate the percentages of the sales declared above:
- a) Manufactured in your own establishment or in that of a related company in Nigeria %
.....
 - b) Manufactured in an independent establishment in Nigeria %
.....
 - c) Manufactured overseas % -NB: 'Manufacture' excludes re-packing and re-labelling
.....
3. Give below 3 contact persons in the following order (including the Managing Director/CEO):
- a) Name:
 - Position/Designation:
 - Tel. No:
 - E-mail:
 - b) Name:
 - Position/Designation:
 - Tel. No:
 - E-mail:
 - c) Name:
 - Position/Designation:
 - Tel. No:
 - E-mail:

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)

Position:.....
(Director or Authorised Signatory)

Date:

APPLICATION FOR MEMBERSHIP OF THE ASSOCIATION

To be returned, when completed, to:

The President
NIROPHARM
c/o Reals Pharmaceuticals Limited
All Season's Plaza, Alhaji Lateef Jakande road
Agidingbi, P. O. Box 3560, Ikeja, Lagos
E-mail: Niropharm@gmail.com
Tel: 017915093, 7741205
GSM: 08022234151