



## MEMBERSHIP APPLICATION

### PHARMA PROMOTERS ASSOCIATION SRI LANKA ESTABLISHED: 1986

<b>1. NAME OF THE COMPANY</b>	<b>2. MAILING ADDRESS</b>
<b>3. TEL NO/ S :</b>	<b>4. FAX :</b>
<b>5. E-MAIL :</b>	<b>6. WEB :</b>
<b>7. NAME OF THE CEO/ MANAGING DIRECTOR/ GENERAL MANAGER</b>	<b>8. NAME OF THE AGENCIES REPRESENTED :</b> ✓ ✓ ✓ ✓ ✓
<b>9. NUMBER OF MEDICAL REPRESENTATIVES :</b>	<b>10. DATE ESTABLISHED :</b>
<b>11. ANNUAL SUBSCRIPTION</b> Rs. 50,000.00 (Rs. Fifty Thousand Only) <input type="checkbox"/>	<b>12. ENCLOSED PLEASE FIND A CHEQUE NO:</b>  <b>BANK :</b>
<b>13. ALL CHEQUES TO BE DRAWN IN FAVOUR OF <u>“PHARMA PROMOTERS ASSOCIATION”</u></b>	<b>14. REMARKS</b>

DECLARATION: BY SIGNING BELOW I / WE DECLARE THAT ALL DETAILS GIVEN ON THIS FORM ARE TRUE AND CORRECT AND OUR COMPANY AGREES TO ABIDE BY THE PHARMA PROMOTERS ASSOCIATION'S STANDARD CONSTITUTION.

.....  
SIGNATURE OF CEO/ DIRECTOR/ GM

.....  
DATE

PLEASE MAIL THE COMPLETED FORMS TO - C/O: Mr. Niros Perera  
George Steuart Agencies (Pvt) Ltd., 7E, Post Masters Place, Off Templers Road, Mt. Lavinia.

