

APPLICATION TO BECOME A MEMBER OF KEFEA

Kindly read carefully section 1. Introduction before you proceed with the filling in of the sections that follow

Section 1 Introduction

The Cyprus Association of Research and Development Pharmaceutical Companies (hereinafter referred to as KEFEA) examines written applications for membership made by persons or legal entities, with or without legal identity, who fulfil the following criteria:

- a. Are centrally active in pharmaceutical or biotechnology research and are involved in the development, production and promotion of innovative pharmaceuticals

OR

- b. Are members of the European Federation of Pharmaceutical Industries and Associations (EFPIA)

In the event that an applicant fulfils only criteria (a), or (a) and (b), or only (b) as a full member of EFPIA, said applicant has the option to apply either for the status of a Member or of an associate member of KEFEA, whereas if the applicant fulfils criteria (b) as an associate member of EFPIA, said applicant can only apply for the status of an associate member of KEFEA.

Kindly note that both Members and Associate Members have the same rights and obligations with the exception that:

- Associate Members are obliged to fulfil 50% of the financial contribution payable by Members,
- Associate Members are not granted voting rights
- It is not necessary for Associate Members (who are members of EFPIA) to be active in pharmaceutical or biotechnology research and/or in the development, production and promotion of new pharmaceuticals.

In closing, each application must also be supported by two KEFEA Members.

If the application is for a legal entity with legal identity (company or partnership) please proceed with the filling in section 2 below:

Section 2 Application for legal entity with legal identity

Full name of the applicant:

Registration number:

Registered office address:

Address for correspondence:

Name and contact details of person authorised to represent the applicant:

.....

If the application is for a person or a legal entity without legal identity please proceed with the filling in of section 3 below:

Section 3 Application for a person or a legal entity without legal identity

Full name of the applicant:

Office address:

Address for correspondence:

Name and contact details of person authorised to represent the applicant:

.....

Please proceed with the ticking of the type of membership requested. Kindly note that applicants that fulfil only criteria (b) as an associate member of EFPIA are not given an option but can only tick the Associated member box of section 4 .

Section 4 Type of membership

Type of membership requested

Member:

Associate Member:

Section 5 Declaration by the Applicant

I hereby declare that the above information is true and correct and hereby request the Board of Directors to examine same.

I hereby declare that in the event of my acceptance as a Member or as an Associate Member I will be bound by KEFEA's Memorandum and Articles of Association, Code of Conduct and any other document regulating the membership of KEFEA.

.....
Signature and stamp if applicable
Name of person signing:
Date:

The application must be supported by two members of KEFEA. Please complete their names and secure their signatures in section 6.

Section 6 Support of the Application

We and in our capacity as Members of KEFEA hereby support this application

.....
Signature and stamp if applicable
Name of person signing:
Date:

.....
Signature and stamp if applicable
Name of person signing:
Date: