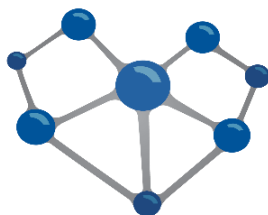


# PHARMA GROUP MEMBERSHIP APPLICATION PACKET



**PharmaGroup**   
Innovation. Quality. Health.



Application Packet for  
Pharma Group Membership



Thank you for your interest in joining Pharma Group. Please find in this package all information relating to the application process, along with the application form.

Before completing this packet, we kindly request that you review the Pharma Group Bylaws and Code of Ethics, which are both available on our website. Following that, please submit your completed application form to the Pharma Group Secretariat, attaching any additional required materials. Please return to the below address:

To: Pharma Group Co-Chairs and Secretariat  
Pharma Group office  
5<sup>th</sup> Floor, Deutsches Haus, 33 Le Duan, District 1, Ho Chi Minh City

If you have any questions about the application or Pharma Group in general, please feel free to contact Thuy Nguyen at [pg-director@eurochamvn.org](mailto:pg-director@eurochamvn.org).

We look forward to receiving your application and thank you again for your interest!

###

**About Pharma Group:** Pharma Group represents the voice of the international research-based pharmaceutical industry in Vietnam. We currently have 22 members who all share the vision of ensuring fast and sustainable access to high quality, safe and innovative medicines for Vietnamese patients in collaboration with the Government of Vietnam.

Pharma Group is a Sector Committee under the European Chamber of Commerce in Vietnam (EuroCham). Please kindly note that the prerequisite for becoming a member of PG is that a company must be a EuroCham member. For information regarding EuroCham membership, please kindly read more at the following link: [https://www.eurochamvn.org/About\\_Us/Join\\_Us](https://www.eurochamvn.org/About_Us/Join_Us)

**APPLICATION PROCESS & IMPORTANT PHARMA GROUP MEMBERSHIP INFORMATION**

Upon receipt of a complete application packet, the eligibility of your application will be reviewed by Pharma Group Co-Chairs, in coordination with Pharma Group Director, Pharma Group Secretariat, EuroCham Secretariat, and Pharma Group legal advisor(s).

All eligible applications will be voted on at the next General Assembly meeting (provided there are at least two weeks between the date of submission and the meeting). Applicants become Pharma Group members, if two-thirds (2/3) of the Members of the General Assembly vote in favor during such meeting, provided that a quorum is present.

An applicant should expect to receive a written decision from the Pharma Group Secretariat within two weeks of the General Assembly vote.

**Please note that in order for a company to be eligible for membership in Pharma Group, a company must meet the following two criteria:**

1. be a foreign company, i.e., one in which non-Vietnamese persons own a majority of the company's shares. [Note: If the applicant has a parent company, the parent company must **also be a foreign company.**]
2. either:
  - a. Spend at least 10% of its consolidated, worldwide pharmaceutical turnover on pharmaceutical R&D, with a minimum yearly global R&D spend of amount of US\$50 million; or
  - b. Be a Vietnam—licensed enterprise, wholly owned by foreign investors (a “Wholly Foreign Owned Enterprise” or “WFOE”), with an approved license to work with pharmaceutical products in Vietnam and representing at least one international pharmaceutical company meeting the requirements of (a) above.

*For more details regarding Pharma Group membership, please consult the Pharma Group Bylaws.*

**MEMBERSHIP APPLICATION**  
**(page 1 of 2)**

**1. Company Name:**

**2. Address of Company Headquarters:**

**3. Contact Address (in Vietnam):**

**4. Application Contact Person:**

Name:

Title:

Address:

Telephone:

Fax:

**5. On which basis (“a” or “b” below) is your company applying for membership?**

- (a) A foreign-owned pharmaceutical manufacturer that spends at least 10% of consolidated, worldwide pharmaceutical turnover on pharmaceutical R&D, with a minimum amount of US\$50 million yearly; *or*
- (b) A Vietnam-licensed enterprise, wholly owned by foreign investors (a “Wholly Foreign Owned Enterprise” or “WFOE”), with an approved license to work with pharmaceutical products in Vietnam and representing at least one international pharmaceutical company meeting the requirements of (a).

**6. Person in charge of the company’s pharmaceuticals operations in Vietnam:**

Name:

Title:

Address:

Telephone:

Fax:

Email:

**Supporting document(s):**

- A. Please attach the relevant documents according to the type of membership you are applying for. Please indicate below which document(s) you have attached.

Most recent financial statement

List of principal companies your company represents in Vietnam

- B. Company logo in high resolution



Application Packet for  
Pharma Group Membership



**MEMBERSHIP APPLICATION (page 2 of 2)**

I, \_\_\_\_\_,

(name of representative)

as the representative of \_\_\_\_\_,  
(applicant company)

hereby affirm that, if admitted to the Pharma Group, my organization will:

- Adhere to the aim of Pharma Group Vietnam;
- Support Pharma Group Vietnam in attaining its objectives;
- Abide by the bylaws and Code of Ethics of Pharma Group, and the rules of EuroCham;  
and
- Keep confidential any documents, information, or otherwise gained from Pharma Group, EuroCham, any of its sector committees, or any of its members.

In addition, I affirm that this application has been completed to the best of my knowledge, belief, and ability. Any changes in my knowledge that materially affect the information communicated in this application shall be communicated to Pharma Group without delay.

Signed, on behalf of the company,

\_\_\_\_\_  
(signature of representative and company stamp)

Date: \_\_\_\_\_



**Pharma Group**  
**Code of Pharmaceutical Marketing Practices (Code of Ethics)**

**SIGN-OFF FORM**

To: **PHARMA GROUP, EUROPEAN CHAMBER OF COMMERCE IN VIETNAM**

The Landmark, Room 2B, 15<sup>th</sup> Floor

5B Ton Duc Thang, Ho Chi Minh City

Tel: (84-8) 3827 2715

I,.....

(full name of individual)

as the representative of

.....,

(name of company)

have read and fully understood the Pharma Group Code of Ethics adopted on 1 January 2014; amended for the first time by the Pharma Group General Assembly on 27 January 2016, effective 1 June 2016; amended for the second time by the Pharma Group General Assembly on 6 December, 2018, effective 1 January, 2019.

The company I represent hereby agrees to abide and fully comply with the Pharma Group Code of Ethics, as amended from time to time.

.....  
Signature of Company Representative

....., .....  
Date      Month      Year