***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:

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

 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).

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

Name:

Title:

Address:

Telephone: Fax:

Email:



* 1. 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

* 1. Company logo in high resolution

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

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



as the representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,



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,



Date:

**Pharma Group**

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

**SIGN-OFF FORM**

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

5th Floor, Deutsches Haus, 33 Le Duan, District 1, 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; Amended for the third time by the Pharma Group General Assembly on 7 August 2020, effective 1 October 2020.

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