



## APPLICATION FORM FOR MEMBERSHIP OF THE A.I.P.

(Associazione titolari di Autorizzazioni all'Importazione Parallela di medicinali dell'Europa)

Your answers to the following questions will help the members of the Association to decide at a General Assembly, in keeping with the statutes, whether your application can be accepted. These questions are intended to check whether the applicant is a suitable candidate to become a member of the Association, according to the terms of the existing statutes and by-laws, and the A.M.E. (Affordable Medicines Europe) Guidelines for Good Parallel Distribution Practice.

**Please answer these questions as fully and as accurately as possible.**

<b>NAME</b>	
<b>ADRESS</b> ( tel, email and website)	
<b>PERSON TO BE CONTACT</b> (Name and email)	
<b>LEGAL STATUS</b> (e.g. Ltd, Partnership, etc)	
<b>VAT NUMBER</b>	
<b>YEAR OF CREATION</b>	
<b>AVAILABILITY TO AUDIT DA A.M.E.</b>	

We will inform the A.I.P., immediately of any changes in the status of the licenses mentioned above.

We hereby undertake to abide by the present statutes and by-laws of the A.I.P., as well as the AME Guidelines for Good Parallel Distribution Practice, as regards the pursuit of the parallel pharmaceutical trade within the EU/EEC and to refrain from all dealings and contacts liable to run counter to these objectives, or if necessary, to refer to the chair of the A.I.P., in connection with any such matters.

Date:

Stamp and signature of applicant:

Please return the duly completed and signed Application Form to [info.aip@importazioneparallela.it](mailto:info.aip@importazioneparallela.it)

Registered Office: \_\_\_\_\_