



**APPLICATION FOR FULL MEMBERSHIP
IN EUROPEAN BIOPHARMACEUTICAL ENTERPRISES (EBE)**

2017

Thank you for completing this form and returning it to:

*European Biopharmaceutical Enterprises (EBE)
Rue du Trône 108 - box 1
B-1050 Brussels, Belgium
E-mail: barbara.freischem@efpia.eu*

PART I

1. Name of the applicant company

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2. Address

.....

.....

.....

PART II

1. Location of research centres

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2. Location of development centres in Europe

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3. Location of manufacturing plants in Europe

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European Biopharmaceutical Enterprises (EBE), a specialised group of EFPIA

Leopold Plaza Building
Rue du Trône 108
BE-1050 Brussels
Belgium

T +32 2 626 2561

communications@ebe-biopharma.org
www.ebe-biopharma.eu

VAT BE0418 762 559

4. European countries where the company operates

Austria	Denmark	Greece	Lithuania	Poland	Spain
Belgium	Estonia	Hungary	Luxembourg	Portugal	Sweden
Bulgaria	Finland	Ireland	Malta	Romania	UK
Cyprus	France	Italy	Netherlands	Slovakia	Switzerland
Czech Republic	Germany	Latvia	Norway	Slovenia	

Other European countries (please specify)

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5. Country of origin of the company

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PART III

1. Estimate of total sales in previous year of medicines / products for human use

Global:

In Europe:

2. Number of people employed (full-time or equivalent)

Worldwide:

In Europe:

In R&D:

3. Investment in R & D

In Europe: (amount) % of total sales

Worldwide: (amount)

4. Main therapeutic areas in which the company is involved – Medicinal products already available on the market (please also indicate % in global sales if available)

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5. Main therapeutic R&D areas (please also indicate where emerging bioscience technologies apply)

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PART IV

- **CEO of the company**

Name First Name
Job Title/Department
Address
Tel: Fax E-mail

- **Senior Company Official Delegate to attend the EBE General Assembly (and who will be able to take part in the deliberations and voting)**

Name First Name
Job Title/Department
Address
Tel: Fax E-mail

- **Senior contact person to receive general EBE mail (and who will be responsible for distribution within the company)**

Name First Name
Job Title/Department
Address
Tel: Fax E-mail

- **Senior Company Official Delegate to attend (only) the EFPIA General Assembly**

Name First Name
Job Title/Department
Address
Tel: Fax E-mail

- **Company delegates to EBE Committees, Networks and Working Groups (Nominations recommended)**

Regulatory Network

Title Full Name
E-mail Job Title

Public Affairs Network

Name First Name

E-mail Job Title

Bio-Manufacturing Working Group

Name First Name

E-mail Job Title

EBE-EFPIA Advanced Therapies & Emerging Science Working Group

Name First Name

E-mail Job Title

Biosimilars Working Group

Name First Name

E-mail Job Title

EBE-EFPIA Personalised Medicines Working Group

Name First Name

E-mail Job Title

Innovation & Funding Models Working Group

Name First Name

E-mail Job Title

EBE Allergen Immunotherapy Task Force

Name First Name

E-mail Job Title

EBE Cancer Control Task Force

Name First Name

E-mail Job Title

PART V – EBE MEMBERSHIP FEE INFORMATION - 2017

Full membership is open to research-driven biopharmaceutical companies of all sizes with operations in Europe.

1. Annual membership fees paid by Full EBE members (per calendar year)	Membership Fee
A Companies with annual turnover of > 5 billion €	24,200 €
B Companies with annual turnover of 50 million € - 5 billion €	20,900 €
C Companies with annual turnover of 5 million € - 50 million €	13,200 €
D Companies with annual turnover of < 5 million €	6,200 €
E Other companies / start-ups	3,100 €

2. Confirmation of turnover and membership fee for 2017

Company Name	Turnover (2016 as reference)	Fees Due in 2017 (according to table above)

3. Invoicing

Company Intra-EEC VAT number (for billing purposes)

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Invoicing data (information to state on the invoice)

Company Name:

Contact Person: Email:

Purchase Order Number (P.O.):

Invoicing/billing Address:

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Postal information (whom to send the invoice to)

Company Name:

Contact Person: Email:

Job Title:

Postal Address:

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PART VI

The company hereby agrees that the information given above be solely disclosed to the members of the EBE Board of Directors who will be asked to accept the company’s membership application of EBE.

Name:
Signature:
In his / her capacity of:
Date of signature:

DECLARATION

Company:

Hereby undertakes

1. to adhere to the aim of EBE;
2. to support EBE in attaining its objectives;
3. to abide by the statutes and code of ethics of EFPIA and working rules of EBE;
4. to treat as confidential any documents so marked issued by EBE;
5. to agree to have the contact details of those individual persons nominated to working groups to be made visible and available amongst all members of EBE.

The application form has been completed, on behalf of the company, to the best of the knowledge and belief of the applicant. Any change in the relevant information will be communicated to EBE without delay.

Signed on behalf of the company by

Name:
Signature:

Position in the company:
Date of signature:

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