

To the Board of Directors of
The Swedish Association of the Pharmaceutical Industry
Stockholm

In accordance with paragraph 2 of the regulations applicable to the Swedish Association of the Pharmaceutical Industry, the undersigned company hereby requests admission into LIF.

We undertake, provided our application is approved, to comply with the Association's regulations and to pay the stipulated charges within the prescribed time, to the association and to its subsidiary.

Company:	Address:
Phone:	URL:
Managing Director:	Phone / email:
Our contact with LIF (if other than MD):	Phone / email:

Represents the following pharmaceutical companies:

Place

Date

Signature

Proof of registration for the applicant is enclosed.

According to the statutes, the member **should also be a member company of the Confederation of Swedish Enterprise** (Föreningen Svenskt Näringsliv) and shall **participate in the Pharmaceutical Insurance or corresponding** insurance in Sweden for personal injury caused by medicines.

The application for membership should be recommended by two member companies of LIF. These companies should support the application by means of authorised representatives of the companies signing their names below.

Introduced by:

Signature

Signature

Printed name

Printed name

Company

Company