



**BINDING APPLICATION**

I submit a binding application of representative of a pharmaceutical company

.....

with registered office

at.....

for a member of the manufacturer section of the Association of Drug and Health Device suppliers.

ADL membership since: .....

Place and date: .....

.....  
stamp, name and signature of the statutory representative  
or an authorized person

ID No.: .....

Tax ID No.: .....

VAT ID No.: .....

Bank details: .....

Account No.: .....

**Representative for ADL/contact person for ADL:**

Name: .....

Address: .....

Tel.: .....

Fax.: .....

E-mail: .....

Please send us an extract from the Commercial register of your company to the e-mail address [adl@adl.sk](mailto:adl@adl.sk) along with your filled out application.