



BINDING APPLICATION

I submit a binding application of representative of a company

.....

with registered office

at.....

for a member of the pharmaceutical 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 along with your filled out application.