

Resolved to Solve

10. Number of members _____

International Contract Pharma Association 8 - B Malcha Marg, Chanakyapuri South West Delhi, Delhi — I 10021 INDIA

www.incophas.org

Phone: +919871632688 director@incophas.org

CIN: U85300DL2021NPL385144

ICPA Supporting Organization Form Organization details 1. Name of Organization 2. Registered Address Number/Floor/Street /Building/ locality______ City/Town _____ State/Province____ ZIP code/Postal code_____ Country _____ 3. Organization Registration number provided by Registration Authority ______ (pl attach scan of document) 4. Organization Goods & Service Tax Number ______ 5. Website _____ 6. Name of CEO/Head_____ Official email____ 7. Name of Executive Assistant _____ Official email _____ Mobile _____ 8. Name of alternate Organization representative for ICPA matters ______ Designation _____ Official email _____ Mobile _____ 9. Phone Landline with country code _____

Please share the Scan of the completed form by email $\underline{\text{director@incophas.org}}$ Or WhatsApp +91 9871632688