



**Resolved to Solve**

International Contract Pharma Association  
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INDIA

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Phone: +919871632688  
director@incophas.org

CIN: U85300DL2021NPL385144

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### ICPA Membership Form

#### Company details

1. Name of Company \_\_\_\_\_
2. Registered Address  
Number/Floor/Street /Building/ locality \_\_\_\_\_  
City/Town \_\_\_\_\_  
State/Province \_\_\_\_\_  
ZIP code/Postal code \_\_\_\_\_  
Country \_\_\_\_\_
3. Company Registration number provided by Registration Authority \_\_\_\_\_  
(pl attach scan of document)
4. Company Goods & Service Tax Number \_\_\_\_\_
5. Website \_\_\_\_\_
6. Name of CEO \_\_\_\_\_ Official email \_\_\_\_\_
7. Name of Executive Assistant \_\_\_\_\_ Official email \_\_\_\_\_ Mobile \_\_\_\_\_
8. Name of alternate company representative for ICPA matters \_\_\_\_\_  
Designation \_\_\_\_\_ Official email \_\_\_\_\_ Mobile \_\_\_\_\_
9. Phone Landline with country code \_\_\_\_\_
10. Number of employees \_\_\_\_\_
11. Turnover in USD \_\_\_\_\_
12. Percentage Exports \_\_\_\_\_
13. Please list national. Regional, International Certification /Regulatory agencies that have approved the company.  
\_\_\_\_\_  
\_\_\_\_\_

14. Main area of business - Please tick as applicable.

- |  |  |
|--|--|
| <input type="checkbox"/> Drug Discovery Services & solutions | <input type="checkbox"/> Regulatory Services                   |
| <input type="checkbox"/> Preclinical services                | <input type="checkbox"/> QA/QC Services                        |
| <input type="checkbox"/> Clinical services                   | <input type="checkbox"/> Logistics/Transportation              |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Packaging                             |
| <input type="checkbox"/> Fill & Finish                       | <input type="checkbox"/> Equipment / Chemicals/ Other Supplies |
| <input type="checkbox"/> IT                                  | <input type="checkbox"/> Infrastructure                        |
| <input type="checkbox"/> Project management                  | <input type="checkbox"/> Other Please specify _____            |

**Declaration**

I have read the Objectives of ICPA in the MOA (Annexure 1)

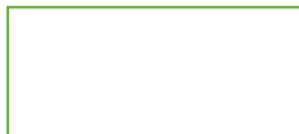
I have read the criteria for membership, the responsibilities and duties of ICPA members (Annexure 2)

And am in agreement with both.

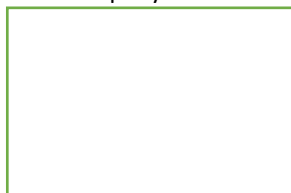
Date \_\_\_\_\_

Place \_\_\_\_\_

Company Seal



Signed



Signatory Name \_\_\_\_\_

Designation. \_\_\_\_\_

Please share the Scan of the completed form by email [director@incophas.org](mailto:director@incophas.org)

Or WhatsApp +91 9871632688

**On receipt and acceptance of the Application an invoice will be raised with method of payment and other details. ICPA may not accept the application without assigning any reason.**

**Annual Membership Fees:(Jan 1 - Dec 31)**

Companies with offices in India : INR 1,50,000

(18% GST i.e. 27,000 will have to be paid by entity directly to government under Reverse charge mechanism.)

Companies located abroad: USD 2,500