**ICH INDUSTRY MEMBER APPLICATION FORM**

##### Contact details for your organisation

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| Name of Applicant Organisation: | |  |
| Contact Person: |  | | |
| Title: |  | | |
| Address: |  | | |
| Phone: |  | | |
| Email: |  | | |

1. **Legal Personality**
2. **Describe the legal basis of your organisation and where it is registered.**

*[ref. Article 12(1)(a)]*

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1. **Provide details about the international scope of your activities and presence of your organisation in at least 3 continents. Include a list of all your affiliate members and their location.***[ref. Article 12(1)(b)]*

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##### Provide a list of ICH Guidelines by which your organisation and/or affiliate members are affected. [ref. Article 12(1)(c)]

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1. **Participation in ICH Activities** [*ref. Article 12(1)(d)-(e)]*

##### Has your organisation participate in ICH as:

##### an Observer [ref. Article 17].

##### an Interested Party as defined prior to the establishment of the Association.

##### List at least 2 Working Groups of the ICH Association to which you have appointed experts, or 2 Working Groups of the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use to which you have appointed experts immediately prior to the establishment of the Association. [ref. Article 12(1)(e)]

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##### Scope of Work [ref. Article 12(2)(d)]

1. **Describe the type of industry(s) your organization represents:**

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1. **Is your organization involved in the manufacture or development of any of the followings types of regulated products:**

Innovator/name brand drugs

New chemical entities

Biologics

Generic Drugs

Biosimilars

Biologics

Cell/gene therapies

API Manufacturers

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Signature Date