

MOPI Online Membership Application Form

Malaysian Organisation of Pharmaceutical Industries

1st Floor, Wisma Yan,
No 17 & 19, Jalan Selangor
46050 Petaling Jaya, Selangor
Tel : 603-79573070 Fax : 603-79560018 Email : admin@mopi.org.my

We, (Registered Business Name) hereby apply to become a Member of the **Malaysian Organisation of Pharmaceutical Industries (MOPI)** and, if elected, agree to be bound by the Memorandum & Articles of Association and Rules of the Organisation for the time being in force.

Office Address :

a. Head Office :

Tel : Fax :

Email (official):

b. Factory :

Tel : Fax :

Email (official):

Correspondence Address : Specify a. b.

Web Page:

Business Registration No/Certificate of Incorporation No:

Manufacturing License No:D.C.A:

I.C.A.:

Name of Constitution : Sole Proprietor Partnership Limited Company

If JV, % of ownership, Malaysian %, Foreign (state country(ies)) %

Does your company have any pharmaceutical subsidiaries / affiliate company overseas?

YES NO

If YES, which country(ies)?

Authorized Capital (RM mil.) :

Paid-Up Capital (RM mil.) :

Revenue for year RM :

Name of CEO/MD:

Name of Directors /Partners :

1.	<input type="text"/>	Email :	<input type="text"/>
2.	<input type="text"/>	Email :	<input type="text"/>
3.	<input type="text"/>	Email :	<input type="text"/>
4.	<input type="text"/>	Email :	<input type="text"/>
5.	<input type="text"/>	Email :	<input type="text"/>
6.	<input type="text"/>	Email :	<input type="text"/>

Our Company Representative(s) in MOPI will be :

Principal : Designation :

Alternate : Designation :

Type of Products Manufactured by your company in Malaysia :

Western Medicine Traditional Medicine Health Supplements

Others, please specify :

Pharmaceutical dosage forms manufactured by your company in Malaysia (please select) :

Tablets Hard Gelatine Capsules Soft Gelatine Capsules
 Oral Liquids Oral Powders for reconstitution Oilments Creams
 External Use Liquids Sterile Eye & Ear Preparation Small Volume
Injectables Large Volume Injectables Infusion fluids

Others, please specify :

Manufacturing Area : sq.ft. Q.C Area : sq.ft.
Administration Area : sq.ft. Store Area : sq.ft.
Name of Pharmacist : Reg No :

Type of Poisons Licence Issued & No.: Type A / Type B

Staff Strength :

1. Administration:	<input type="text"/>	Graduate:	<input type="text"/>	Non-graduate:	<input type="text"/>
2. Production :	<input type="text"/>	Graduate:	<input type="text"/>	Non-graduate:	<input type="text"/>
3. Engineering :	<input type="text"/>	Graduate:	<input type="text"/>	Non-graduate:	<input type="text"/>
4. R & D :	<input type="text"/>	Graduate:	<input type="text"/>	Non-graduate:	<input type="text"/>
5. QA :	<input type="text"/>	Graduate:	<input type="text"/>	Non-graduate:	<input type="text"/>
6. QC :	<input type="text"/>	Graduate:	<input type="text"/>	Non-graduate:	<input type="text"/>
7. Sales :	<input type="text"/>	Graduate:	<input type="text"/>	Non-graduate:	<input type="text"/>

I hereby certify that the above information is true to the best of my knowledge.

Attached herewith are the following:-

a) Photocopy of Business Registration Certificate / Certificate of Incorporation / Form 49

b) Photographs of Factory (Exterior / Interior)

Signature Date

PROPOSED BY (Name):
(Currently a member of MOPI)

SECONDED BY (Name):
(Currently a member of MOPI)

Please issue payment to "Malaysian Organisation of Pharmaceutical Industries" upon approval.

- Turnover of up to RM15mil. ----- RM2500.00 (Entrance Fee) + RM2500.00 (Annual Fee)
- RM15mil.to RM50mil. ----- RM2500.00 (Entrance Fee) + RM5000.00 (Annual Fee)
- Above RM50mil. ----- RM2500.00 (Entrance Fee) + RM7500.00 (Annual Fee)