

TO THE FINNISH CO-OPERATIVE FOR PHARMACEUTICAL INJURY INDEMNITIES

We apply for the membership of the Finnish Co-operative for Pharmaceutical Injury Indemnities and agree to the medicines-related injuries commitment.

Place: _____ Date: _____

Company: _____

Reg. no: _____

Signature: _____

Official signature of the company.

We witness the signature (2 persons). Place and date above-mentioned

Please return to:

The Finnish Co-operative for Pharmaceutical Injury Indemnities

Porkkalankatu 1 • FI-00180 HELSINKI FINLAND