



## Sri Lanka Chamber of Medical Devices Industry

GA3003

No 50, Albion lane, Colombo 09.

Tel: +94 777390414 / +94 772254999

Fax: + 94 11 2733121

### COMPANY MEMBERSHIP FORM

#### General Information:

<b>Company Name:</b>								
<b>Official Address:</b>								
<b>CEO/Director Name:</b>								
<b>Tele No. of CEO/ Director:</b>								
<b>Email of CEO/Director:</b>								
<b>Business Registration No:</b>								
<b>Company Tele. No:</b>								
<b>Company Fax:</b>								
<b>Company Mail:</b>								
<b>Website:</b>								
<b>Type of organization:</b>	Public quoted		Sole Proprietorship		Multinational		Other	
<b>Employee Strength:</b>								
<b>No. of field staff directly involved in promotion:</b>								

**Company Sector:**

**Medical Devices:** ☐

**Medical Equipment:** ☐

**Diagnostics:** ☐

**Laboratory Equipment:** ☐

**Others:** ☐

**Contact Person for the SLCMDI:**

The Membership entitles your company representative to receive our communications and invitations. Please share

<b>Name:</b>			
<b>Designation:</b>			
<b>Tele No:</b>		<b>Mobile</b>	
<b>Mail:</b>			

with us your details and we will add him/her to our mailing list

**Notes:** Please attach your company registration copy with the application.

**Company Stamp:**

**Date:** ...../...../.....