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**ECMI Membership Application**

**Date of Registration: ……………………**

**Chairman**

|  |  |
| --- | --- |
| Name |  |
| Mobile |  |
| Email |  |

**Export Manager**

|  |  |
| --- | --- |
| Name |  |
| Mobile |  |
| Email |  |

**Company details**

|  |  |
| --- | --- |
| Name |  |
| Office address |  |
| Factory address |  |
| Website |  |
| Medical sector |  |
| Logo |  |
| Establishment date |  |

**Products**

|  |  |
| --- | --- |
| HS Code | Name of product |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Exports**

|  |  |
| --- | --- |
| Total exports/ year |  |
| Export markets |  |
| Target export markets |  |