



HIBCC PAKISTAN

APPLICATION FOR LIC AND UDI

PURPOSE OF APPLICATION: LABELER IDENTIFICATION CODE (LIC) ASSIGNMENT

Labeler's Information

Primary Organization Name *

Division/Subsidiary

Name of Official Representative *

First

Last

Title

Telephone *

Email *

Address *

Street Address

Address line 2

City

State/Province/Region

Zip/Postal Code

Country

Name of CEO *

First

Last

Phone *

Title

CEO Address

if different from above

Street Address

Address line 2

City

State/Province/Region

Zip/Postal Code

Country

CEO's Email Address *

same as above

Other

Type of Organization

Choose applicable box for primary market *

Manufacturer of Goods & Services

Distributor/Wholesaler

Please Choose an option for your primary market *

Medical

Dental

Animal

LABELER FEES

Labeler Identification Code (LIC) Assignment

Choose the appropriate box corresponding to the global sales of all products/devices labeled with your organization's name or brand. *

- Gross sales up to \$ 2 million (\$1,000.00)
 Gross sales up to \$ 5 million (\$1,500.00)
 Gross sales up to \$ 10 million (\$2,500.00)
- Gross sales up to \$ 30 million (\$4,000.00)
 Gross sales up to \$ 60 million (\$5,000.00)
 Gross sales up to \$ 100 million (\$7,500.00)
- Gross sales up to \$ 150 million (\$9,000.00)
 Gross sales up to \$ 500 million (\$12,000.00)
 Gross sales above \$ 500 million (\$20,000.00)

Certification Report

For All Manufacturers: Fee for the LIC is computed on the principle of gross sales to the health care industry. In calculating sales, include sales of all divisions and sales to other manufacturers, but do not include intracompany sales.

For All Distributors/Wholesalers: Fee for the LIC is computed on the principle gross sales of private labeled packaged products.

THIS INFORMATION WILL BE TREATED ON A CONFIDENTIAL BASIS

Please certify your most recent fiscal year sales level. Applicants are required to submit one of the following from the last fiscal/calendar year: Dun & Bradstreet Report, Profit & Loss Statement, or page 1 of your company's Corporate Tax Return (and any related documents). This information will be kept confidential and will only be used to determine the LIC fee. (All supporting documents must be in English)

Send files at

sales@hibccpakistan.org

Specify annual sales \$ *

In U.S. Dollars

For the most recent calendar or fiscal year: *

Year

Legal Notice *

By checking this box you are certifying that all financial information provided is correct and in accordance with the guidelines stated above. If HIBCC determines that the financial information provided is incorrect, you will be invoiced for the balance due prior to issuing your LIC. HIBCC reserves the right to deactivate any LIC that was obtained under false financial pretenses and notify all invested parties. All fees are non-refundable.

Title *

Date *

Our (Client) organization hereby applies for assignment/registration of a Labeler Identification Code from the Health Industry Business Communications Council.

In making such application, we agree to be bound by all rules and regulations of the Council including, but not limited to the Articles of Incorporation, the Bylaws, the Health Industry Bar Code Standard, and any and all other rules and regulations which the Council has now or may hereafter adopt concerning the use of the Health Industry Bar Code Standard and the Labeler Identification Code assigned. The Council will notify us of our assigned Labeler Identification Code upon receipt of our application fee and Council approval of our completed application.

Our organization hereby agrees to indemnify, and hold harmless, the Health Industry Business Communications Council and their officers, directors, employees, agents, successors and assigns from any and all claims, losses, damages, and liabilities whatsoever resulting from the use or misuse of the Health Industry Bar Code Standard and our assigned Labeler Identification Code.

We understand and acknowledge that the Council has taken all reasonable precautions to prevent the assignment of duplicate Labeler Identification codes. If duplicate codes are assigned, the liability of the Council shall be limited to a refund of the application's Labeler Identification Code fee or the actual damages, if any, whichever is less.

The Invoice will be emailed to the billing information below.

Amount to pay

Billing Information

Billing Company Name *

Billing Contact Name *

First

Last

Billing Email *

Phone *

Billing Address

Street Address

Address line 2

City

State/province/Region

Zip/Postal Code

Country

Purchase Order # (if any)

Name *

Title/Position *

Stamp/Signature