

Please be prepared with your organisation's unique registration number. You will also be asked to supply additional documents after completing this form, such as a certificate of registration or incorporation.

* Required



Acknowledgement Of Intent *

In submitting this form, I agree that the intent is: (a) to become a member of APARDO, (b) to comply with all conditions of the APARDO Constitution, including payment of such fees as may be levied from time to time, (c) to participate in activities organised by APARDO, and (d) to promote better health outcomes for those affected by rare diseases.

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* Required

Organisation Particulars



Organisation Name *

Your answer

Correspondence Address (and unit or floor number) *

Your answer

Landmark Or District

Your answer

City *

Your answer

Your answer	
Postal Code	
Your answer	
2-Letter Country Code *	
Your answer	
	than above) k, city, state or province, postal code and 2-letter
include street address with unit number, landman country code Your answer	k, city, state or province, postal code and 2-letter
include street address with unit number, landmar country code	k, city, state or province, postal code and 2-letter al dialing format) *
include street address with unit number, landman country code Your answer Phone Number (use internation	k, city, state or province, postal code and 2-letter al dialing format) *
include street address with unit number, landman country code Your answer Phone Number (use internation include Country Code, Area Code and Number, eg	k, city, state or province, postal code and 2-letter al dialing format) *

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* Required

Organisation Structure & Activities



Type Of Organisation *			
association			
registered charity			
ompany limited by shares			
ompany limited by guarantee			
Other:			
Year Established *			
Your answer			
Number Of Members (if a membership organisation)			
Your answer			

List Places Where Organisation Is Active * If operating at a local level, please list specific cities, states or provinces where the organisation is most active. Otherwise, list countries in which the organisation is active. Your answer Diseases Or Therapeutic Areas Represented * Your answer Number Of Officers Or Board Members * Your answer Annual Budget (USD or equivalent) less than 20,000 20,000 to 100,000 100,000 to 1,000,000 above 1,000,000 **NEXT BACK** Page 3 of 5 Never submit passwords through Google Forms.

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* Required

Applicant Information



Name Of Organisation's Principal Contact Person *

Your answer		
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Designation Of Organisation's Principal Contact *

position in the organisation, eg- President, Trustee, Executive Director

Your answer

Email Of Organisation's Principal Contact *

Your answer

Your Name (person making this application) *

Your answer

Your answer		
Your Email Address *		
Your answer		
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* Required

Compliance Information

We need this additional info for compliance with Singapore's strict anti-money laundering laws.



Upon approval in principle, will you be willing to provide additional documents, such as a board resolution from your organisation, confirming its willingness to become a member of APARDO and appointing an official representative? *

\bigcirc	Yes
()	100

O No

Upon approval in principle, will you be willing to provide additional information such as the names and addresses of those individuals who control your organisation, as would be required by our bank? *

O Yes

O No

