

All fields are mandatory

## Membership Application Form 2016

### 1. Company Name and Address

Company Registered Name

Trading As

Company Address 1

Company Address 2

Company Address 3

County

Eircode/Post code

Country

### 2. Company Details

Company Registration Number

Vat Registration Number

Telephone Number

Email Address

Website Address

Local Authority (Of head office)

Number of premises

**Premise 1 information** (repeat where necessary for additional premises)

Premise Name

Premise Address 1

Premise Address 2

Premise Address 3

Premise County

Premise Eircode/Post code

Premise Country

Premise Telephone Number

Premise Contact Name

Premise Local Authority

**3. Contact Information**

Main contact name

Main contact Type

Main Telephone Number

Main Email Address

Main County

Main Country

Accounts Contact Name

Accounts Telephone Number

Accounts Email Address

#### 4. Business Type

Please tick multiple boxes if appropriate

- |  |  |   |  |  |                                     |
|--|--|---|--|--|-------------------------------------|
| <input type="checkbox"/> Manufacturer              | <input type="checkbox"/> AFT             | <input type="checkbox"/> Importer/Wholesaler  | <input type="checkbox"/> Vehicle Importer        | <input type="checkbox"/> Retail Only   | <input type="checkbox"/> Re-Treader |
| <input type="checkbox"/> Commercial Casings Dealer | <input type="checkbox"/> Waste Collector | <input type="checkbox"/> Waste Facility (ELT) | <input type="checkbox"/> Tyre Equipment provider | <input type="checkbox"/> Tyre Recycler |                                     |

Other (Please specify)

#### 5. Importing

Do you import Tyres? Please tick multiple boxes if appropriate

- |   |                                 |                             |                                 |                                 |                              |                                |  |
|---|---------------------------------|-----------------------------|---------------------------------|---------------------------------|------------------------------|--------------------------------|--|
| <input type="checkbox"/> Yes              | <input type="checkbox"/> No     |                             |                                 |                                 |                              |                                |  |
| <input type="checkbox"/> Northern Ireland | <input type="checkbox"/> Taiwan | <input type="checkbox"/> UK | <input type="checkbox"/> Africa | <input type="checkbox"/> Europe | <input type="checkbox"/> USA | <input type="checkbox"/> China |  |

Other (Please specify)

#### 6. Direct Debit Mandate

Repak ELT will issue invoices 30 days in advance of requesting payment from your bank. Retail only members will have a single annual payment due for registration. Importers will have quarterly payments due. Invoices for 2016 membership will be issued in January, with the fee collected from your bank 30 days after that.

By signing this mandate form, you authorise (A) Repak ELT GLG to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Repak ELT CLG. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Bank Name

Bank Address 1

Bank Address 2

Bank Address 3

Bank Address 4

Debtor's Account Name

Debtor's Bank Identifier - BIC

Debtor's Account No. IBAN

Creditor's Name

REPAK ELT CLG

Creditor's Identifier

IE55SDD360852

Creditor's Address 1

Red Cow Interchange Estate

Creditor's Address 2

1 Ballymount Road

Creditor's Address 3

Clondalkin

Creditor's Address 4

Dublin 22

Recurring Payment

**Type of Payment**

**I/We hereby make an application to register with Repak ELT and abide by REPAK ELT Scheme Rules. I/We certify that the information given in this application is accurate and complete and can be authenticated if necessary.**

**Authorised Signature**

**Name in block capitals**

**Date**

e.g. 12/01/2016