

Office use ONLY Company Code:	Date of Application:	Audit Required:

## **Affiliate Registration**

**Application form** 

## PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

CONTACT DETAILS			
Surname	Forena	ame	Title
Tel		Email	
AFFILIATE DETAILS			
Name of Company			
Company Registration Number			
Address			
Postcode		Country	
Tel		Email	
Website Address			
Nature of business			
Countries to be registered			
Lattach a copy of the index of our Com	nany 011	ality Manual	
<ul> <li>I attach a copy of the index of our Com</li> <li>Attendence to Train the trainer course reads</li> </ul>			(date) at £69
+ VAT per person	equired	trainers on	(uate) at £09
I Agree to an Audit of our training facili	ties if red	quired at £750 + VAT per c	lay.
I have access to the equipment and fac checklist to conduct the practical traini		specified in the Trainers Ed	quipment Requirements
I have read and will abide by the SSPC	Trainther	painter Code of Practice	
I agree to register companies to the SS Certificate fees in accordance with the			
I agree to pay a <b>Joining fee of £500 +</b>	VAT		
I agree to pay an <b>Annual fee per count</b>	ry of £2,	500 + VAT.	



## **Application form CONTINUED**

INVOICE							
Please send my company an invoice							
VAT number required for EU countries							
Tick here PAYMENT CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS							
	I enclose a cheque for:	£	Made payable to <b>Corrodere Limited</b> (Cheques must be in pounds sterling and drawn on a British bank)				
		I am making a payment free of all charges directly to the Corrodere Limited bank account at:					
	UK Bank Transfer	c, Old Market Square, 3 7NS, UK	d Market Square, 3 London Street, , UK				
		<b>Account No:</b> 80184472 <b>Sort Code:</b> 60-02-49					
	EU/Non EU Bank Transfer	I am making a payment directly to the Corrodere Limited bank account at:  IBAN: GB96 NWBK 6002 4980 1844 72  Account No: 80184472  Account Name: Corrodere Limited  Bank Address: Old Market Square, 3 London Street, Basingstoke, Hampshire, RG21 7NS, UK  Swift Code: NWBKGB2L  Sort Code: 60-02-49  Bank Name: National Westminster Bank Plc					
Credit Card		Visa  Mastercard  American Express  Name of Card Holder:					
	Card Number:						
		Expiry Date Val	d Date	CVV code			
Billing Address of Card Holder (If different to application)							
Payment must be received prior to the preferred start date  Please state preferred start date							
I declare the information provided on this form to be correct and a misrepresentation will result in registration being removed. I have read the Corrodere terms and conditions and agree to abide by the SSPC Train the painter Code of Practice							
Name: Position:							
Signature of authourised company representative: Date:							
The fully completed application form and payment should be returned to Corrodere Limited at the address below, or by email.							
Data Protection: We would like to keep you informed of Corrodere Limited's products and services and may also from time to time make your details available to carefully screened companies who may be of interest to you. However, if you specifically do not wish your details to be used, please tick here:							