

Office use ONLY
Company Code:

Associate
Code:

Date of
Application:

Associate Registration

Application form

PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

CONTACT DETAILS

Surname	Forename	Title
Tel		Email

COMPANY DETAILS

Name of Company:	
Company Registration Number:	
Address:	
Postcode:	Country:
Tel:	Email:
Website Address:	
Nature of Business:	

FEES

Joining Fee	Annual Fee	Total
£0.00	+ £500.00	= £500.00
VAT to be applied at 20% where applicable.		



Application form CONTINUED

INVOICE			
Please send my company an invoice <input type="checkbox"/>			
VAT number required for EU countries			
Tick here	PAYMENT CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS		
<input type="checkbox"/>	I enclose a cheque for:	£	Made payable to Corrodere Limited (Cheques must be in pounds sterling and drawn on a British bank)
<input type="checkbox"/>	UK Bank Transfer	I am making a payment free of all charges directly to the Corrodere Limited bank account at: National Westminster Bank Plc, Old Market Square, 3 London Street, Basingstoke, Hampshire, RG21 7NS, UK Account No: 80184472 Sort Code: 60-02-49	
<input type="checkbox"/>	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 Swift Code: NWBKGB2L Account No: 80184472 Sort Code: 60-02-49 Account Name: Corrodere Limited Bank Name: National Westminster Bank Plc Bank Address: Old Market Square, 3 London Street, Basingstoke, Hampshire, RG21 7NS, UK	
<input type="checkbox"/>	Credit Card	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/>	
		Name of Card Holder:	
		Card Number:	
		Expiry Date	Valid Date
	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 authorised 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: <input type="checkbox"/>			