

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 MPI Group (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 MPI Group bank account at: National Westminster Bank Plc, 19 Shaftesbury Avenue, London, W1A 4QQ, UK Account No: 06532381 Sort Code: 56-00-29	
<input type="checkbox"/>	EU/Non EU Bank Transfer	I am making a payment directly to the MPI Group bank account at: IBAN: GB35 NWBK 5600 2906 5323 81 Swift Code: NWBK GB2L Account No: 06532381 Sort Code: 56-00-29 Account Name: MPI Group Bank Name: National Westminster Bank Address: 19 Shaftesbury Avenue, London, Bank Plc W1A 4QQ, 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	CWV 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 authorised company representative: _____ Date: _____			
The fully completed application form and payment should be returned to MPI Group at the address below, by email or fax.			
Data Protection: We would like to keep you informed of MPI Group'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"/>			