## CONTACT DETAILS

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forename</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Tel</th>
<th>Email</th>
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<tbody>
<tr>
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</tbody>
</table>

## COMPANY DETAILS

Name of Company:

Company Registration Number:

Address:

Postcode: | Country: |
<table>
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</tbody>
</table>

Website Address:  

Nature of Business:

## FEES

<table>
<thead>
<tr>
<th>Joining Fee</th>
<th>Annual Fee</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>£0.00</td>
<td>£500.00</td>
<td>£500.00</td>
</tr>
</tbody>
</table>

VAT to be applied at 20% where applicable.

**PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS**
Application form CONTINUED

### Invoice

Please send my company an invoice [ ]

VAT number required for EU countries

### Payment

Choose one of the following payment options

- **I enclose a cheque for:** £ [ ]
  (Cheques must be in pounds sterling and drawn on a British bank)

- **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

- **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
  - **Account No:** 06532381
  - **Swift Code:** NWBK GB2L
  - **Sort Code:** 56-00-29
  - **Name:** MPI Group
  - **Bank Address:** 19 Shaftesbury Avenue, London, W1A 4QQ, UK
  - **Bank Name:** National Westminster Bank Plc

- **Credit Card**
  - **Visa** [ ]
  - **Mastercard** [ ]
  - **American Express** [ ]

  - **Name of Card Holder:**
  - **Card Number:**
  - **Expiry Date**
  - **Valid Date**
  - **CVV code**

**Billing Address of Card Holder (If different to application)**

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**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: [ ]