

Membership Application Form 2018

All fields are mandatory

Note: Cost of annual registration is €70 for your main premises, €50 for any additional premises.

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

Nominated Authorised Waste Collector

2nd Premises if applicable (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"/> ATF	<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"/> UK	<input type="checkbox"/> China	<input type="checkbox"/> Europe	<input type="checkbox"/> Taiwan	<input type="checkbox"/> USA	<input type="checkbox"/> Africa

Other (Please specify)

6. Direct Debit Mandate –

Please complete the separate Direct Debit Mandate form attached. Please return completed Application forms to:
Red Cow Interchange Estate, 1 Ballymount Road, Clondalkin, Dublin 22

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

Direct Debit Mandate

Repak ELT CLG SEPA Direct Debit Mandate.

Unique Mandate Reference (UMR) – to be completed by Repak ELT CLG.
Please complete all fields marked *

By signing this mandate form, you authorise (A) Repak ELT CLG 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.

* Debtor Name

* Debtor Address

* City

* Post Code

* Country

* Debtor Account No. – IBAN

* Debtor Bank Identifier Code. – BIC

Creditor's Name
REPAK ELT CLG

Creditor's Identifier
IE55SDD360852

Creditor's Address
RED COW INTERCHANGE ESTATE

City
1 BALLYMOUNT ROAD, CLONDALKIN

Post Code
DUBLIN 22

* Type of Payment
Recurrent Payment



* Signature Please sign here.

* Date of Signature

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank. Please send the original signed mandate to Repak ELT CLG by post only.