

REGISTERED MEMBER COMPANY DETAILS

Company Name					
Company Registration Number		Registered			
NPWD Code		Office			
Company UK SIC Code 2007		Address			
Reg Office Telephone Number					
Reg Office Fax number		Town/City			
Reg Office Email Address			Post Code		

CORRESPONDENCE ADDRESS AND CONTACT DETAILS

Title		First Name		Address		
		Last Name		(if different from above)		
Telephone Number						
Fax Number						
Mobile Number			Town/City			
Email				Post Code		

AUDIT ADDRESS

This is the address that the Agencies would visit to audit the packaging handled by your company

Address		
(if different from above)		
Town/City		
	Post Code	

Most recent UK annual turnover*

For Small Producers (<£5m), please provide a copy of your accounts or other proof of turnover.

☐ Are you a Pub Operating Business, Licensor or Franchisor?

GROUP REGISTRATIONS

If you have subsidiary companies already registered, their details will be on the Subsidiaries Form. Please check these. If your company status has changed (the threshold test may not apply to subsidiaries), or you think you may have other companies affected by these regulations, please contact Synergy to discuss the options available.

DELEGATED AUTHORITY - if applicable

The Data Form MUST be signed by a formally appointed Director or Company Secretary. It is possible to delegate this to others through a procedure operated by the Agencies. Please contact Synergy for a form if this would help. This section will only be completed if you have already obtained Delegated Authority.

Authority delegated by (Director): to:

Companies operating within Northern Ireland require a separate registration with the Northern Ireland Environment Agency. Please contact Synergy if you require a Northern Ireland registration.

GREEN DOT



The Green Dot, or Der Grüne Punkt, is a licensed trade mark. If your packaging carries this symbol to denote compliance in other parts of Europe, you must register its use in the UK to avoid infringement of the trade mark. Please contact Synergy for details of the Green Dot sub-licence.

PLEASE COMPLETE AND RETURN THIS FORM EVEN IF THERE ARE NO CHANGES

Signed	<input type="text"/>	Name (CAPITALS)	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text"/>