

Repak Membership Application Form

For Office Use Only

PSM No:

Member No:

RR:

You are invited to apply for membership of the Repak Compliance Scheme in order to discharge your responsibilities under the Waste Management (Packaging) Regulations 2007.

WE ARE UNABLE TO ACCEPT APPLICATIONS WHICH ARE NOT FULLY COMPLETED AND ACCOMPANIED BY AN AUDITORS DECLARATION FORM

If you wish to become a member, please **complete all sections** of this declaration and the direct debit form overleaf together with the attached Auditors Declaration and return the originals to Repak Ltd., at the address below.

ONE APPLICATION FORM AND FEE PER BUSINESS ADDRESS

Please indicate which of the following best describes your business:

Independent Grocery/Retailer	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Licensed Premises	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	Hotel	<input type="checkbox"/>	Off-licence	<input type="checkbox"/>
Hardware	<input type="checkbox"/>	Electrical	<input type="checkbox"/>		
Other (please indicate)	<input type="text"/>				

SCHEDULE OF FEES

Outlined in the **attached letter** is a schedule of Repak annual membership fees based on your turnover which is exclusive of VAT. **Please tick the appropriate box.**

> 10 – < 25 tonnes	<input type="checkbox"/>
> 25 tonnes	<input type="checkbox"/>
Turnover	€ <input type="text"/> pa

JOINING FEES

Please be advised, if your company has been obligated under the Waste Management (Packaging) Regulations, and was neither a member of Repak or Self Complying, back fees will be charged.

Please indicate the relevant details on the attached auditors declaration.

Please ensure the attached **Auditors Declaration** is completed and returned with both this **original application form** and completed **Direct Debit mandate**. Repak cannot accept photocopies or faxes.

Do you import any products directly? Yes No

If so please list these products:

Name (Block Capitals):

Signed:

Position:

For further details visit www.repak.ie, email sales@repak.ie or call Sales Department on 01 - 4670190. Repak Ltd, Red Cow Interchange Estate, 1 Ballymount Road, Clondalkin Dublin 22.

Act now - join Repak today!

Company Registered Name

Trading as (if applicable)

Symbol Group/Association

Address

Telephone

Fax

Email

Authorised Signature

Signatory's Name (Block capitals)

Position (Director etc.)

Date

OFFICE USE ONLY

Certified Yes No

Membership Number

Date received



Repak Limited, Red Cow Interchange Estate,
1 Ballymount Road, Clondalkin, Dublin 22.
Phone: 01-4670190 Fax: 01-4670196
E-mail: sales@repak.ie
Web Site: www.repak.ie

Originator's Identification No. (OIN) 3 0 3 4 2 4



ORIGINATORS REFERENCE

DD

Instruction to your Bank to pay Direct Debit

Please complete parts 1 to 4 to instruct your Bank to make payments directly from your account. Then return the form to:-

Repak Ltd., Red Cow Interchange Estate,
1 Ballymount Rd, Clondalkin,
Dublin 22.

1. BANK DETAILS (Please write the name and full address of your bank and branch)

Bank

Branch

2. NAME OF ACCOUNT HOLDER

(Block capitals)

3. SORT CODE AND ACCOUNT NUMBER

Sort Code

 - -

Acc. No.

4. INSTRUCTIONS TO BANK AND YOUR SIGNATURE

- I instruct you to pay Direct Debits from my account at the request of Repak Ltd.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also so notify Repak Ltd. of such cancellation.

The Direct Debit Guarantee

- This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate.
- If you authorise payment by Direct Debit, then
 - Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account.
 - Your Bank will accept and pay such debits, provided that your account has sufficient available funds.
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank of the amount so charged.
- You can cancel the Direct Debit Instruction in good time by writing to your Bank.

Signature (s) _____

Signatory's (Block capitals) _____

Position _____

Date _____

Note: Please enclose a copy of your official letter headed paper.