

# 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](http://www.repak.ie), email [sales@repak.ie](mailto: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.**