

Subsidiary Application Form



Subsidiaries, licensees and tenants:

Please give details of all subsidiaries, licensees and tenants you want to include in this application for registration. If you have two or more subsidiaries please duplicate this page.

Name of Subsidiary	Membership Number
<input type="text"/>	<input type="text"/>
Trading Name (if different)	Company Registration Number
<input type="text"/>	<input type="text"/>
Address of Registered Office	NPWD Number
	<input type="text"/>
	Turnover (from most recent accounts filed)
	<input type="text"/> million
	Postcode
	<input type="text"/>
Companies UK Standard Industrial Classification	Main Packaging Activity
Please use classification under 2007 codes. For more information see www.statistics.gov.uk	<input type="text"/>
<input type="text"/>	<input type="text"/>

Small Producers

We wish to use the Small Producers Allocation method

Obligation (your turnover in £millions x 30 rounded up) tonnes

Predominant Material

Contact Details

Primary Contact			
Title	First Name	Last Name	Position Held
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Address of Contact			Telephone Number
<input type="text"/>			<input type="text"/>
<input type="text"/>			Contact Email
<input type="text"/>			<input type="text"/>
<input type="text"/>			Postcode
<input type="text"/>			<input type="text"/>
Secondary Contact			
Title	First Name	Last Name	Position Held
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Address of Contact			Telephone Number
<input type="text"/>			<input type="text"/>
<input type="text"/>			Contact Email
<input type="text"/>			<input type="text"/>
<input type="text"/>			Postcode
<input type="text"/>			<input type="text"/>

Save Form

Print Form

Email Form