

Please complete all sections of this application form including the Auditor's Declaration, the Scheme Rules Undertaking and the Direct Debit Mandate overleaf.

Scheduled Membership Application Form

Please return the original by post only to the address below. Repak cannot accept photocopies or faxes. Please complete one form and fee per business address.

Auditor's Declaration

To be completed by the Registered Auditor. I certify the turnover (excluding V.A.T.) for the previous 5 years was:

Year 20__

Turnover €

Year 20__

Turnover €

Year 20__

Turnover €

Year 20__

Turnover €

Year 20__

Turnover €

Auditor's Signature

Date

Name of Registered Auditors

Auditor's Stamp

Note: If your client's year end is not December 31st please use turnover figure from the financial statements in this twelve month period.

→ **Company Registered Name**

→ **Trading as**

→ **Company Registration Number**

→ **Symbol Group/Association** (if applicable)

→ **Address**

→ **Telephone No.**

→ **Mobile No.**

→ **Email**

→ **Name** (Block Capitals) → **Position**

→ **Describe your business:**

Independent Grocer/Retail

Hardware

Pharmacy

Restaurant

Hotel

Electrical Retailer

Licensed Premises

Off-licence

Other

→ **Signature:**

→ **Do you import any products directly?**

Yes

No

→ **What % of your annual turnover do your imports account for?**

If membership is accepted, I agree to comply fully with the Repak Approved Body Scheme Rules, including any amendments made from time to time. (The scheme rules are available on repak.ie)

→ **Date:**

Repak Limited SEPA Direct Debit Mandate.

By signing this mandate form, you authorise (A) Repak Ltd. 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 Limited.

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.

Direct Debit Mandate

Unique Mandate Reference (UMR) – to be completed by Repak Ltd.

Please complete all fields marked *

* **Debtor Name**

* **Debtor Address**

* **City**

* **Post Code**

* **Country**

* **Debtor Account No. – IBAN**

* **Debtor Bank Identifier Code. – BIC**

Creditor's Name

REPAK LIMITED

Creditor's Identifier

IE 66SDD303424

Creditor's Address

RED COW INTERCHANGE ESTATE

City

1 BALLYMOUNT ROAD, CLONDALKIN

Post Code

DUBLIN 22

* **Type of Payment**

Recurrent Payment or One-off 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 Ltd. by post only.