



STRICTLY CONFIDENTIAL

MEMBERSHIP APPLICATION FORM

COMPANY DETAILS

Company Name:			
Registered Address:			
Tel No:		Fax No:	
Company Registration No:			

APPLICANT DETAILS

	Title	Forename(s)	Surname
Name:			
Position:			
Mailing Address: <i>(if different from above)</i>			
Tel No:		Fax No:	

CLASS OF MEMBERSHIP APPLIED FOR

Please tick appropriate box

FULL

ASSOCIATE

RELEVANT INFORMATION AND APPLICATION FEE

Please supply with this form such supporting documentation/information as you believe demonstrates your eligibility for membership of SAFed, for example *Annual Report and Accounts, Promotional Literature etc*

The information supplied should be sufficient to enable consideration to be given to your application.

All applications are to be accompanied by payment of the application fee — £250 plus VAT (£293.75). Cheques should be in sterling, made out to the “Safety Assessment Federation Ltd” and be drawn on a UK bank and crossed “A/C payee only”.

Note: *Applications which do not meet the membership criteria will be refunded the application fee.*

DECLARATION

I hereby declare that our turnover* in the previous annual accounting period (£m)

*See accompanying notes for definition of turnover _____

COMPLETED BY (Please print) _____

Signature _____

Date _____

PLEASE RETURN marked ‘In confidence’ TO:

*Chief Executive
Safety Assessment Federation
1st Floor, 70 South Lambeth Road
London SW8 1RL*