



PETROLEUM EQUIPMENT INSTALLERS & MAINTENANCE FEDERATION



Application for Membership

PLEASE COMPLETE **ALL** SECTIONS

Company Name:

Address:

 Post Code:

Telephone No: Fax No:

E-mail Address: Web Site (if any)

Date of Application:

Representative's Name: Position:

Names of all Directors or Partners (if applicable)

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Company Reg. No: Number of years in operation: VAT Reg. No:

Please list nature of business (*be specific*)

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