



FOODSERVICE CONSULTANT'S SOCIETY INTERNATIONAL (UK)

BOURNE HOUSE, HORSELL PARK, WOKING, SURREY GU21 4LY

TEL: 01483 761122 FAX: 01483 751991 EMAIL: admin@fcsi.org.uk

ALLIED MEMBER APPLICATION

This application is for companies who provide products and/or services to the foodservice industry. Allied Corporate Membership is in the name of the company and entitles the company to two representatives who can attend all meetings and who will receive all Society mailings

SECTION ONE - COMPANY DETAILS

TRADING NAME	
REGISTERED COMPANY NAME	
HEAD OFFICE ADDRESS	
TELEPHONE NO.	
FAX NO.	
EMAIL ADDRESS	
WEB SITE	
MANAGING DIRECTOR'S NAME	
DIRECTORS' NAMES/POSITION	
OTHER KEY CONTACTS/POSITION	
COUNTRY OF REGISTRATION	
COMPANY REGISTRATION NO.	
DATE OF INCORPORATION	
VAT REGISTRATION NO.	

PARENT COMPANY NAME <i>(if applicable)</i>	
PARENT COMPANY ADDRESS	
	TEL: FAX:
COUNTRY OF REGISTRATION	
COMPANY REGISTRATION NO.	
ULTIMATE HOLDING CO. NAME <i>(if applicable)</i>	
HOLDING COMPANY ADDRESS	
	TEL: FAX:
COUNTRY OF REGISTRATION	
COMPANY REGISTRATION NO.	
IS A PARENT COMPANY GUARANTEE IN EXISTENCE?	YES / NO
REPRESENTATIVES' DETAILS	
FIRST REPRESENTATIVE NAME	
ADDRESS <i>(if different from Head Office)</i>	
TELEPHONE NO.	
MOBILE NO.	
EMAIL ADDRESS	
SECOND REPRESENTATIVE NAME	
ADDRESS <i>(if different from Head Office)</i>	
TELEPHONE NO.	
MOBILE NO.	
EMAIL ADDRESS	

SECTION TWO - BUSINESS ACTIVITIES

PRINCIPAL BUSINESS ACTIVITY
(PLEASE CIRCLE)

- UK MANUFACTURER**
- IMPORTER**
- DISTRIBUTOR**
- KITCHEN CONTRACTOR**
- CONTRACT CATERER**
- OTHER (PLEASE STATE)**

DESCRIPTION OF BUSINESS ACTIVITIES

SECTION THREE - PROFESSIONAL CONDUCT

HAVE YOU OR ANY OF THE OTHER DIRECTORS OR PARTNERS OF THE COMPANY BEEN BARRED FROM BEING A DIRECTOR OR PARTNER OF A COMPANY OR BEEN CONVICTED OF A CRIMINAL OFFENCE?

YES / NO

DOES YOUR BUSINESS OFFER CONSULTANCY SERVICES TO CLIENTS?

YES / NO

IF YOUR ANSWER IS "YES" TO EITHER OF THE ABOVE QUESTIONS, PLEASE ATTACH FULL DETAILS, INCLUDING THE DATE OF ANY OF THE EVENTS REFERRED TO.

SECTION FOUR - INSURANCES		
TYPE	AVAILABLE	LIMITATION
EMPLOYER'S LIABILITY	YES / NO / N/A FOR BUSINESS	£
PUBLIC LIABILITY	YES / NO / N/A FOR BUSINESS	£
CONTRACT ALL RISKS	YES / NO / N/A FOR BUSINESS	£
PROF. INDEMNITY	YES / NO / N/A FOR BUSINESS	£
PRODUCT LIABILITY	YES / NO / N/A FOR BUSINESS	£
OTHER (PLEASE STATE)	YES / NO / N/A FOR BUSINESS	£
SECTION FIVE - POLICIES		
DO YOU HAVE POLICIES IN PLACE FOR:-		
QUALITY MANAGEMENT	YES / NO	
ENVIRONMENTAL MANAGEMENT	YES / NO	

SECTION SIX - CURRENT DUES

After acceptance, all new members are billed for their first year subscriptions. The year runs from January to December and new members are billed pro rata.

ANNUAL FEES - £910 + VAT (TO BE INVOICED UPON ACCEPTANCE BY FCSI)

CATERING CONTRACTORS

(PLEASE TICK YOUR APPROPRIATE NO. OF CONTRACTS)

- | | |
|--|---|
| <input type="checkbox"/> Up to 20 (£200 + VAT) | <input type="checkbox"/> 21-99 (£500 + VAT) |
| <input type="checkbox"/> 100 - 499 (£1000 + VAT) | <input type="checkbox"/> Over 500 (£1500 + VAT) |

ALL OTHER CATEGORIES

(PLEASE TICK YOUR APPROPRIATE TURNOVER BAND)

- | | |
|--|--|
| <input type="checkbox"/> Up to £2m (£200 + VAT) | <input type="checkbox"/> £2m to £5m (£500 + VAT) |
| <input type="checkbox"/> £5m to £10m (£1000 + VAT) | <input type="checkbox"/> Over £10m (£1500 + VAT) |

ACKNOWLEDGEMENT

I confirm that all the information given to the FCSI in relation to dues is complete and correct. I agree to provide additional information, if requested by FCSI. I shall conduct my activities in accordance with FCSI's Objectives and FCSI's Code of Ethics. I further waive and release all claims, demands and actions that I now or in the future may have against FCSI, its officers, directors, members and employees for any act or omission in granting or denying membership in FCSI.

I hereby acknowledge that I qualify, to the best of my knowledge, for the membership category for which I am applying, as defined by the FCSI by-laws.

Signature: Date:

SECTION SEVEN - DECLARATION BY APPLICANT

We confirm that the above is a true record and we wish to be considered for Corporate Allied Membership of the UK Branch of the FCSI. This application should be read in conjunction with the FCSI Code of Conduct.

Signature: Name:

Position: Date:

THIS SECTION TO BE COMPLETED BY FCSI SECRETARIAT

A Is the information provided satisfactory? Yes/No*

B If "N" are any further investigations or other actions proposed. If so state here:-

C Comments: -

D Name Signature

Position Date