MEMBERSHIP APPLICATION FORM



Company Details

Full Company Name:	
Full Company Address:	
Postcode:	
	Fax. No:
Type of Company: (Please Tick)	Ltd. Co. Partnership Sole Trader
Type of Company: (Please Tick) Limited Company	Ltd. Co. Partnership Sole Trader
	Ltd. Co. Partnership Sole Trader
Limited Company	
Limited Company Registered Office Address:	
Limited Company Registered Office Address:	Country Registered:
Limited Company Registered Office Address: Company Registration No: Please list Names of all Company I	Country Registered:

Sole Trader Full Name: Private Address: Postcode:

Partnership Please list ALL PARTNERS' Full Names and Addresses 1. ______ 2. _____ Please continue on a separate sheet if necessary. To enable FMCM to make Transfers to your Bank please provide your Company Bank details Bank: S/Code: A/C No: I/we hereby apply for Membership to Fish Merchants Credit Management Ltd. Signed: Date: Position: I/we understand that Application for membership of the credit management scheme operated by Fish Merchants Credit Management Limited does not constitute an application for the allotment of shares in Fish Merchants Credit Management Limited and membership of the

credit management scheme does not confer any entitlement to shares or any other rights of participation in Fish Merchants Credit Management Limited.

> Fax completed sheet to FMCM on 01224 587333 or mail it to FMCM Ltd, 21 Palmerston Road, Aberdeen, AB11 5QP (FMCM is a trading name of Fish Merchants Credit Management Ltd.)