

Company member : application form

Please use capital letters when filling in the form

Full Company Name	
Number of Employees	
European Annual Turnover (in Euros)	
Description of products or services you deliver to the distributors	
References: please fill in name and contact details of two Distributor companies you work with in Europe, which we may contact for a recommendation	
Do you adhere to a Responsible Care or similar programs?	
Postal Address (+ Zip Code, City and Country)	
Phone Number / Fax Number	
E-mail / Website Addresses	
Full Contact details of the contact person for FECC matters (function, address, phone and email)	
Invoicing details (contact person, address and VAT number)	

Subject to the approval of the General Assembly in an ordinary or a special meeting, the Company above agrees to become a member and if admitted, to abide by the Rules and Regulations of the Association including Statutes, By-Laws and the Fecc Governance and Compliance Policy. The Company above herewith confirms it has taken notice of the Fecc Ethical and Business Principles and commits to act in strict compliance with the letter and spirit of the laws, regulations and policies they are subject to. You will find more information about this through our website: [About Fecc.](#)

Date:

Signature:

Please send the completed form to:

Dorothee Arns, Director General

European Association of Chemical Distributors (Fecc)

Rue du Luxembourg 16B _ B-1000 Brussels

Tel: +32 2 679 02 60

dar@fecc.org / Website: www.fecc.org

Or via post: using our postal address indicated above.