



**APPLICATION FOR MEMBERSHIP FORM**

**Part I: Application's Full Particulars**

Name:..... PIN No:.....

Physical Address: .....

.....

Postal Address: .....

Telephone: ..... Fax:.....

Cell Phone: .....

Email/Website: .....

Type of business registration: .....

Registration Number and date: .....

Date pest control activities commenced: .....

Owners: (1) ..... PIN No:.....

(2) ..... PIN No:.....

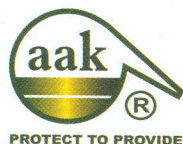
(3) ..... PIN No:.....

(4) ..... PIN No:.....

Directors: (1) ..... PIN No:.....

(2) ..... PIN No:.....

(3) ..... PIN No:.....



Chief Officers Name(s).....

Qualifications

(1).....

(2).....

(3).....

Have any officers of the company ever been involved as owners, principals or directors of any other previous business in any scheme or arrangement leading to the bankruptcy or liquidation of the organization?

Yes  No

If the applicant company is a subsidiary, please give name of holding company or ultimate parent group:

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What business other than pest control does your company undertake:

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Please state the name of the person in direct charge of pest control operations:

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Please state the names of all personnel that carry out the application of pesticides and qualifications that they hold

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