

User Membership Application Form

1 Membership Class

Please note: only one nominated individual per company for classes 2, 3 and 4.

Category	Class	Class number	Employees	Tick which applies
User member	Employees	1	n/a	
	Individuals	2	n/a	
	Corporate	3	< 3	
			3-10	
		>10		
Non-user member	Investors	4	n/a	

2 Company Details

Field	Detail
Company name:	
Registration Ref (if applicable):	
Registration/Inception Date:	
Number of employees at time of application:	
Registered address:	
Postcode:	
County:	
Country:	
Telephone:	
Mobile:	
Email:	
Website address:	

3 Details of Nominated Individual

Field	Detail
Title:	
First name:	
Surname:	
Date of Birth:	
Nationality:	
Address:	
Postcode:	
County:	
Country:	
Telephone:	
Mobile:	
Email:	

4 Contact Details for Correspondence if different from 3

Field	Detail
Title:	
First name:	
Surname:	
Address:	
Postcode:	
County:	
Country:	
Telephone:	
Mobile:	
Email:	

5 Contact Details of at least one Referee

Field	Referee 1	Referee 2
Title:		
First name:		
Surname:		
Date of Birth:		
Nationality:		
Address:		
Postcode:		
County:		
Country:		
Telephone:		
Mobile:		
Email:		

6 Main Relevant Qualifications of Partner(s) / Employee(s)

Name	Qualification	Main Subjects	Awarding Institution	Date

7 Capability Statement

Please attach an up to date Company CV or a Capability Statement showing the list of services you wish your company to provide through the co-operative. This information will be entered onto the

membership database and will be visible along with your company contact details. No other data will be visible on the database.

8 Declared Current Work / Conflicts of Interest

Description of Contract	Client Name	Expected Completion Date

9 Partner / Employee / Company membership of professional bodies, learned societies, other institutions.

Society / Professional Body	Grade	Year

10 Declaration

I hereby apply for my company to join Market Cross UK Limited as a User Member. Once admitted, as my company's formal representative I will agree, on behalf of my company, to accept and conform to the Principles, Programmes, Rules, Codes of Practice and Policies of Market Cross UK Limited. I will not knowingly expose Market Cross UK Limited or its clients to undue commercial risk or unacceptable health and safety risk. I accept that any penalties, financial or otherwise, incurred by Market Cross UK Limited as a result of my company's undertakings may be passed on to my company and may result in the revocation of my company's membership. I will uphold the good reputation of Market Cross UK Limited at all times and I will promote the Principles and Programmes of Market Cross UK Limited as will be required of me from time to time.

Date:

Signed:

Name (please print):