

# Application for Supplier Membership

Company

Address

Contact name

phone

fax

email

mobile

web site

home phone

*Tick the box if you do NOT want to  
have these numbers printed in the  
Register*

Description of the products or services provided

Reference 1: Name & address/email

Reference 2: Name & address/email

Reference 3: Name & address/email

Number of staff involved in the above work

Full time

Part time

*Please continue onto page 2*

I confirm that I have read the IBO Privacy Policy (at the website) and consent to my personal data being used in the manner described therein.

I understand that I may contact the IBO at any time to modify this consent or to remove it and that I will update you with any changes to my personal details should they occur.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed : \_\_\_\_\_

*Please return to address at foot of form, thank you.*