

MEMBERSHIP APPLICATION FORM



Once you fill the form, please return by email to ifamembership@fertilizer.org

TO THE BOARD	
We (name of applicant organization)	
Of (address of organization and country)	
Telephone	Cell phone
Email	Website
Vat Registration Number	
Other Tax Identification Number(if VAT is not applicable)	
	MEMBER of the International Fertilizer Association (IFA). I by the provisions contained in the Articles of Association/ Bye-Laws and a & Environment Principles.
Name of Company Leadership	
Title / Position	Email ————————————————————————————————————
Beneficial Ownership Disclosure	
Name(s) of Beneficial Owner(s)	
Sanctions Disclosure	
We hereby certify that the company is	
 not under any international sanctions 	
under sanctions in the following jurisdictions :	
We hereby nominate Mr/Ms (full name)	
Title / Position	Email
(address to which letters and documents from the Association s	should be sent)
to act as IFA's main contact in accordance with the provisions	of the Articles of Association and the Bye-Laws of the Association.
Date	Signed
	(Name and Title)



Questionnaire / Ordinary Membership



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1. Name of applicant organization	
2. Address of applicant organization	
3. Name(s) of parent organization(s) (please indicate % share)	
4. Name(s) of subsidiary organization(s) (please indicate % share)	
5. What was your sales turnover in each of the past 3 financial years?	
20	
20	
20	
6. What was the sales turnover of your group as a whole in each of the past 3 financial years?	
20	
20	
20	
7. What proportion of the total value of the figures given in 5. and 6. above is attributable to tradfertilizer industry?	de with and/or work for the
a) in respect of your company	%
b) in respect of the entire group	%

3. If you produce fertilizers or raw materials, please give full details of your plant locations, products and rated production capacities (use separate sheet if necessary). In case of plants under construction, please indicate expected date when production will commence.			
9. If you are a service organization, member organizations/principal sha	please describe the nature of your activities and, where appropriate, supply a list of your areholders.		
Signed	Date		
(Name and title)			
Tel	E-mail		