



## PARTNERSHIP APPLICATION FORM

Name of the applicant: .....

Address: .....

.....

.....

Web site: .....

VAT Number:

Please tick the requested partnership:

- Associated Company - >** Chemicals producers with no production site in Europe
  - Cat 1:** Non-EU chemicals producers with an annual worldwide chemicals turnover less than 100 M €
  - Cat 2:** Non-EU chemicals producers with an annual worldwide chemicals turnover less than 1 Billion € but more than 100 M €
  
- Partner Company - >** European companies, not being engaged in the production of chemicals and with the activities closely linked to the European chemical industry  
European chemical industry
  
- Partner Association - >** European associations with legal incorporation, representing sectors linked to the European chemical industry

Name of the CEO / President: .....

E-mail: .....

Name and function of the nominated person(s) .....

to Cefic relevant activities : .....

E-mail(s) : .....

Phone number (s): .....

The Cefic group(s) of interest: .....

The applicant herewith accepts the Statutes and the Cefic governing and compliance rules, supports the objectives of Cefic and requests admission of the Board and the General Assembly of Cefic.

I certify that all the information provided on this application form and in all the documents accompanying (if any) it is true, accurate, and complete to the best of my knowledge.

Date:

Signature

.....

.....

---

For any question regarding Cefic partnership, please contact: Anita Anitropova, Business Development Manager in charge of Member & Partner Relations at [aan@cefic.be](mailto:aan@cefic.be) or +32-2-676 7213