

Application for Professional Registration

I hereby apply for Professional Registration by the Professional Publishers Association Ltd (hereinafter referred to as "the Association"). The following information is submitted on the understanding that the information herein shall be the basis of the agreement of registration between the Association and the agency and that any inaccuracy or omission therein, accidental or otherwise, shall render such agreement voidable at the option of the Association. Agencies applying for both Professional and Credit Registration should complete Forms A, B, C and D. Agencies applying for Professional Registration alone should complete Forms A, C and D.

NB If	you require Sector Professional Registration, please specify in which market the agency operates
1.	Name of company/partnership/business
 1.1	Trading name (s) <i>(if different)</i>
 2.	Date established
3.	Company Registration Number (if applicable)
4.	Main address & telephone number
 5. 	Registered Office (if different from 4)
 6.	Addresses of UK branches <i>(if any)</i> with telephone numbers
	Addicases of the brainings (if any) with telephone numbers

7.	List all shareholders holding 5% or more of any class of shares at the date of application.						
Name		ordinary (Voting Shares)		Other Shares (Please spec	cify)		
8. during t	List the four periodical publis the past twelve months (refere		the agency has pla	aced the largest amount of	advertising		
1		2					
3		4					
9.1 Tick	Is the agency registered/reco	ognised by or a corporate	e member of any o	of the following associations	s? Please		
NPA	NS	ITVA (registered)	ITVA (cre	edit-listed)			
AIRC	AMI	IPA Oth	ner				
9.2	Has the agency ever been de	eleted from a list of reco	gnised/registered o	companies?			
9.3 been de	Has any director/partner curreleted from a list of recognised						
10.1 illustrati	Is the agency a part of a groing the relationship and the pe		other company? If	YES, please supply a 'fami	ily tree'		
10.2 compan	Has the agency (including pay not already mentioned? If Y				other		
11.	Particulars of Directors/Partn	ers/Sole Proprietor					
Name		xecutive Position State if non-executive)	Age	Qualification and/or Relevant experience			

12. Billings – Last 12 months

State below, or on a separate schedule, the approximate annual billings of the agency on behalf of its clients. Figures should be exclusive of VAT and creative/production costs. Do not include details of clients with billings of less than £5,000. Name of Advertiser Product/Brand Periodicals Newspapers TV/Cable/Satellite Direct Mail Other									
	Product/Brand	Periodicals	Newspapers	TV/Cable/Satellite	Direct Mail	Other			
				•••••					
						•••••			
Tatala									
Totals									
13. Billings – Next 12	2 months								
13. Billings – Next 12		Deviadiante	Navananan	TI//Cable/Cabellite	Divert Mail	Other			
13. Billings – Next 12 Name of Advertiser		Periodicals	Newspapers	TV/Cable/Satellite	Direct Mail	Other			
		Periodicals	Newspapers	TV/Cable/Satellite	Direct Mail	Other 			
		Periodicals	Newspapers	TV/Cable/Satellite	Direct Mail	Other 			
		Periodicals	Newspapers	TV/Cable/Satellite	Direct Mail	Other 			
		Periodicals	Newspapers	TV/Cable/Satellite	Direct Mail	Other 			
		Periodicals	Newspapers	TV/Cable/Satellite	Direct Mail	Other 			
		Periodicals	Newspapers	TV/Cable/Satellite	Direct Mail	Other 			
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		Periodicals	Newspapers	TV/Cable/Satellite	Direct Mail	Other			
		Periodicals	Newspapers	TV/Cable/Satellite	Direct Mail	Other			