



PACKAGING COUNCIL
OF NEW ZEALAND (INC)

APPLICATION FORM

Company Name:	
(Please Print)	
Main Contact Name:	DDI:
Position:	
CEO/MD Contact Name:	Email:

CONTACT DETAILS

PO Box:	City/Town	
Street:	Level:	
Area:	City:	
Phone: (STD)	Fax: (STD)	
Mobile:	Email	Web:

BUSINESS SECTOR

CONSOLIDATED BUSINESS ACTIVITY

Please Tick Appropriate Box

- A. Material Supplier
- B. Packaging Manufacturer
- C. Packaging User
- D. Product Seller
- E. Service Provider

Turnover (million/annum) with category limit if unable to release	
Employees Total full time equivalents	
Location Number of NZ sites/plants	

Consolidated Companies	1
	2
	3
	4

I agree to abide by the rules of the Packaging Council of New Zealand (Inc) as set out in the Constitution and fulfil the commitment of the New Zealand Packaging ACCORD, pay the Annual Fee set by membership within 30 days of invoice and assist in providing a coordinated approach on environmental issues faced by industry.

CATEGORY	1 2 3 4 5 6 7 8 9 10
Payment GST (12.5%)	\$
If appropriate name parent corporate

SIGNED: _____

DATE: _____