



Application for Membership of Supply Chain Assurance Scheme (SCAS)

Company Name: _____

Address: _____

Telephone No: _____

Mobile No: _____

Fax No: _____

Email: _____

Evidence of Regulatory Approval (i.e. Licence Number): _____

- I/We wish to apply for membership of SCAS
- I/We understand that we will be subject to announced and unannounced audits on the implementation of the SCAS
- I/We understand that there is an annual membership fee of €1,000 +VAT@ 21.5%

Signature of Authorised Officer: _____

Position: _____

Person with responsibility of SCAS: _____

Position: _____