

COMPANY

VOICE OF THE EXPLOSIVES INDUSTRIES

APPLICATION FORM

ALL FIELDS ARE MANDATORY, PLEASE COMPLETE ALL FIELDS TO AVOID ANY DELAY IN PROCESSING YOUR APPLICATION

ompany Details									
Name of Company/C	organisation								
Business Structure (L	td/Partnership/S	ole Trader/Gover	nment)						
Address									
County/State				Count	ry				
Postcode		Telephone N	umber						
Work Telephone Nur	nber			Mobile					
Email									
		Website							
Nature of Activities									
-	n/Commenceme		by the con	npany (incli	ude docun	ents to support	and verif	fy sector of e	xplosives)
Details of activities involvin EMPLOYMENT OF IExpE M	ng the use of explosiv	es recently undertaken NTES : Please give the na	imes of IEx	pE membe	rs or ass				
Details of activities involvin	ng the use of explosiv	es recently undertaken NTES : Please give the na	imes of IEx	pE membe	rs or ass				
Details of activities involvin EMPLOYMENT OF IExpE M	ng the use of explosiv IEMBERS OR ASSOCIA	es recently undertaken NTES : Please give the na	imes of IEx	pE membe	rs or ass				

Please give details below of two senior personnel responsible for the use of explosives.

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(SE	ENIOR PERS	SONN	EL NO.1	1)											
	Title		F	irst Nai	me(s)										
	Surname/	/Fami	ly Name	e			C	Date of Birth	D	Μ	Μ	Y	Υ	Υ	Y
	Job Title														

Academic or Professional Qualifications & Formal/Informal Training (inc Dates)

Award/Course	Course Title	Name of University/College/ Awarding Body and Country	Period of Study

Work Experience (Inc Dates)

Employer	Job Title	Date
Period in which continuous actual use of	of explosives Y Y M M	
Types and Makes of Explosives Used		

(S	(SENIOR PERSONNEL NO.2)										
	Title		First Na	me(s)							
	Surname/I	Family	Name						Date of Birth		
	Job Title										

Academic or Professional Qualifications & Formal/Informal Training (inc Dates)

Course Title	Name of University/College/ Awarding Body and Country	Period of Study
	Course Title	Course Title Name of University/College/ Awarding Body and Country Image: Course Title Image: Course Title Image: Course Title

Work Experience (inc Dates)

Employer	Job Title	Date
Period in which continuous actual use of	of explosives was carried out Y Y M	M
Types and Makes of Explosives Used		

PROPOSER											
Name											
Address											
County/State			Country								
Postcode		Telephone	Number								
Email Address			Mobile								
the IExpE,	g a *present member/ present company n recommend the above-named company fo as a company member of the Institute of E	or	Signature								
Engineers.	ete as applicable										
			Date	D	D	Μ	Μ	Y	Y	γ	Y
SECONDER											
Name											
Address											_
County/State			Country								_
Postcode		Telephone									
Email Address			Mobile								
	*present member/ present company mem		Signature								
	nend the above-named company for admis ober of the Institute of Explosives Engineer										
*Please delete	as applicable										
			Date	D	D	М	М	Y	Y	Y	Υ
			Print Nam	e							
Declaration											

If you require assistance please call 01785594136 or visit www.iexpe.org. Your first subscription payment will be due when you receive notification of acceptance. Please send completed application form to Institute of Explosives Engineers, Ground Floor, Unit 1, Greyfriars Business Park, Frank Foley Way, Stafford, ST16 2ST or via email to rizzasims@iexpe.org

I declare that the statements made on this form are true to the best of my knowledge, I enclose my non-refundable remittance of £70.00 payable to the "Institute of Explosives Engineers" in payment of my **Application Fee.** We hereby apply for admission as a company member of the IExpE and undertake, if elected, to observe the conditions of membership prescribed by the Council from time to time.

Signature								
Date	D	D	Μ	Μ	Y	Y	γ	Y

Position Held in Company

When submitting your application please be aware of the Institute's policy in relation to criminal convictions and insolvency. If you have at the time of entering the Institute, or subsequently acquire, any relevant conviction or become subject to any order of Insolvency you need to declare them. Details should be provided with your application. IExpE takes your privacy seriously and your personal data will only be used in the completion of this application and thereafter only for the proper management and administration of your membership. This will include names of all new members to be published in the journal to introduce you to membership, circulations of material to which your membership entitles you, your personal data will be held securely and will only be shared with bodies we are either legally obliged to/ or are in collaboration with. In completing and signing this application we will take this as your consent to our use of your data along with consent to receiving any IExpE Company related documents via the IExpE website.