## Appendix 3c Application Form - Service Providers



To apply to use the Antimicrobial Copper brand and Cu+ mark, this form should be completed after studying the Conditions of Use and talking to your local Copper Centre representative. Successful applicants will receive a Trademark License Agreement document for completion.

Company						
Legal name of entity:						
'Doing business as' or Trading Name:						
Form of organisation:						
Jurisdiction of organisation:						
Type of business:						
Parent Company/Group (if applicable):						
Registered address:						
Country:						
Website:						
Company Registration Number:						
Please confirm you have a project traceability system allowing you to verify your material sources						
Do you have a written Quality Management System?	○ Yes ○ No Details (eg ISO 9001, internal)					
Do you have Public Liability Insurance?						
Contact for Brand Management						
Name:						
Job Title:						
Address (if different from above):						
Telephone:						
Email:						

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Contact for Admin (if different)							
Name:							
Job Title:							
Address:							
Email:							
Contact to appear on website directory listing on www.antimicrobialcopper.org							
Name:							
Email:							
Website link for directory listing (preferably link to your Antimicrobial Copper section):							
Short description of services (up to 100 words)							
On approval you will be contacted for more detailed information and images for your listing.							
Markets							
Markets (select those applicable)	<ul> <li>Medical and Healthcare</li> <li>Schools and Public Buildings</li> <li>Public Transport</li> </ul>						
	Food and Hospitality (dry food contact only)						
	Sports Facilities  Other (places specify)						
	Other (please specify)						

Services		
Services (select those applicable)		
<ul> <li>Architectural Services</li> <li>Contract Management</li> <li>Site Survey</li> <li>Product Design</li> <li>Product Installation</li> </ul>		<ul> <li>Product Customisation</li> <li>Microbiological Testing</li> <li>Metals Processing</li> <li>Other (please specify)</li> </ul>
Locations		
Please select all regions where products will be marketed/sold, noting that for marketing in US or Canada regulatory registration is a prerequisite.		
Please confirm you will only procure materials ar accordance with the Cu+ Conditions of Use	nd products mar	anufactured in O Yes
I confirm that I have read the Conditions of Us I confirm the information provided is accurate a Please return this form electronically and by p	and that I am a	
Signed:		Name:
Position:		Date:
		Print to pdf to generate electronic copy.

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