



EXTERNAL CONTAINER SCHEME

REGISTRATION AND REQUEST FOR DETAILS FORM

1. NAME OF OTHER PARTY TO THE COMPLIANCE AGREEMENT

BUSINESS ENTITY'S NAME:	POSTAL ADDRESS:
QAP REGISTRATION NO:	PHYSICAL ADDRESS:
CONTACT NAME:	TELEPHONE NO: FASCIMILE NO: EMAIL ADDRESS:

2. ARE THERE ANY SUBSIDIARIES OF THE PARENT COMPANY THAT WILL ALSO OPERATE UNDER THIS COMPLIANCE AGREEMENT? *

Please provide details below.

NAME OF SUBSIDIARY COMPANY:	PHYSICAL ADDRESS:
QAP REGISTRATION NO:	
CONTACT NAME:	TELEPHONE NO: EMAIL ADDRESS:

NAME OF FURTHER SUBSIDIARY COMPANY: QAP REGISTRATION NO:	PHYSICAL ADDRESS:
CONTACT NAME:	TELEPHONE NO: EMAIL ADDRESS:

* Subsidiary companies may operate under a single Compliance Agreement with the parent company and may choose to participate in any other schemes that they may be eligible for.

3. ACCREDITED PERSONS

NAMES OF ACCREDITED PERSONS (accredited under the External Container Scheme)	ACCREDITATION NUMBER
1.	1.
2.	2.
3.	3.
4.	4.

Print Name:

Signature: Date:

Please return your completed registration form to the **Compliance Agreement Manager** at your AQIS Regional Office.