

**SECTION A: COMPANY INFORMATION**

<p><b>NAME</b></p> <input style="width: 95%; height: 20px; margin-bottom: 5px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <p><b>ADDRESS</b></p> <input style="width: 95%; height: 20px; margin-bottom: 5px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <p><b>CITY:</b> <input style="width: 60%; height: 20px; margin-right: 20px;" type="text"/> <b>POSTCODE:</b> <input style="width: 20%; height: 20px;" type="text"/></p> <input style="width: 95%; height: 20px; margin-top: 10px;" type="text"/> <p><b>TELEPHONE NO:</b></p> <input style="width: 95%; height: 20px; margin-top: 5px;" type="text"/> <p><b>EMAIL:</b></p> <input style="width: 95%; height: 20px; margin-top: 5px;" type="text"/>	<p><b>DOSH REGISTRATION:</b></p> <input style="width: 95%; height: 20px; margin-top: 5px;" type="text"/> <p><b>CODE OF:</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 40px; height: 20px;"><tr><td style="width: 15px;">2</td><td style="width: 15px;">4</td></tr><tr style="background-color: black;"><td></td><td></td></tr></table></p> <p><b>CLASS OF:</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"><tr><td style="width: 15px;">9</td><td style="width: 15px;">3</td><td style="width: 15px;">1</td><td style="width: 15px;">0</td><td style="width: 15px;">0</td></tr></table></p> <p><b>COMPANY ACTIVITIES (PLEASE ENTER (X) IN THE APPROPRIATE BOX):</b></p> <table style="margin-top: 10px;"> <tr> <td style="width: 40px; height: 20px; border: 1px solid black;"><input type="checkbox"/></td> <td>MANUFACTURER</td> </tr> <tr> <td style="width: 40px; height: 20px; border: 1px solid black;"><input type="checkbox"/></td> <td>IMPORTER</td> </tr> <tr> <td style="width: 40px; height: 20px; border: 1px solid black;"><input type="checkbox"/></td> <td>DISTRIBUTOR</td> </tr> <tr> <td style="width: 40px; height: 20px; border: 1px solid black;"><input type="checkbox"/></td> <td>FORMULATOR</td> </tr> <tr> <td style="width: 40px; height: 20px; border: 1px solid black;"><input type="checkbox"/></td> <td>END-USER</td> </tr> </table>	2	4			9	3	1	0	0	<input type="checkbox"/>	MANUFACTURER	<input type="checkbox"/>	IMPORTER	<input type="checkbox"/>	DISTRIBUTOR	<input type="checkbox"/>	FORMULATOR	<input type="checkbox"/>	END-USER
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