



GS1 Malta Application Form

Company Details:

Company Name: _____

Company Reg. No.: C-_____

VAT Reg. No: _____

Registered Address: _____

Tel. No: _____ Mobile: _____

Email address: _____

Website: _____

Name of director: _____

Director's ID no: _____

Number of staff: _____

Product: Goods Services both (*to choose one*)

Approximate yearly turnover: _____

Contact Names:

Contact name for barCode representative: _____

Contact name for invoicing: _____

Contact name for AGM attendance: _____



Subscription

Select products you wish to subscribe for:

- GTIN Prefix (Use of barcoding)
- GLN (Global Location Number)
- EPC (Electronic Product Code)
- GDSN (Global Data Synchronisation)
- UPC
- Consultancy
- *Supermarket Scheme (SS)

* SS Prefix is only to be sold in the applicant premises/supermarket and under his Brand name/ownership products.

Category of Membership:

- | | |
|--|--|
| Category A <input type="checkbox"/> | Additional A Membership (AAM) <input type="checkbox"/> |
| Category B <input type="checkbox"/> | Additional B Membership (ABM) <input type="checkbox"/> |
| Category B+ <input type="checkbox"/> | SSCC <input type="checkbox"/> |
| 1 barcode <input type="checkbox"/> | GIAI <input type="checkbox"/> |
| * Online Product Identifier <input type="checkbox"/> | GRAI <input type="checkbox"/> |
| GLN <input type="checkbox"/> | Customized Package <input type="checkbox"/> |
| Category C <input type="checkbox"/> | |

Total number of GTIN's require a different barcode: _____

Type of barcode/Application Identifiers required:

- GTIN 8
- GTIN 13
- GTIN14
- GLN
- UPC
- GS1 128
- AI's
- SSCC
- Coupon
- LEI (LOU)
- Variable
- Variable Prefix by Price
- Variable Prefix by weight

*GS1 Malta Digital BarCodes cannot be printed and used on physical products that is sold in retailers but only for e-tailers.



Nature of Business:

- | | | | |
|-------------------|--------------------------|-------------------|--------------------------|
| Manufacturing | <input type="checkbox"/> | Retailer | <input type="checkbox"/> |
| Importing | <input type="checkbox"/> | Wholesale | <input type="checkbox"/> |
| Hardware Supplier | <input type="checkbox"/> | Publishing | <input type="checkbox"/> |
| Exporting | <input type="checkbox"/> | Software Supplier | <input type="checkbox"/> |
| Distribution | <input type="checkbox"/> | Publisher | <input type="checkbox"/> |
| Trader | <input type="checkbox"/> | Supermarket | <input type="checkbox"/> |
| Coops | <input type="checkbox"/> | | |
| Other | <hr/> | | |

Nature of product:

- | | | | |
|--------------------------------|--------------------------|-------------------------------|--------------------------|
| food | <input type="checkbox"/> | Beverages | <input type="checkbox"/> |
| Sweets | <input type="checkbox"/> | Chemicals/Detergents | <input type="checkbox"/> |
| Textiles & Garments | <input type="checkbox"/> | Tobacco | <input type="checkbox"/> |
| Plastic/Metal | <input type="checkbox"/> | Machinery & Equipment | <input type="checkbox"/> |
| Newspaper/Publications | <input type="checkbox"/> | Bank / Financial Institutions | <input type="checkbox"/> |
| Electrical Goods & Electronics | <input type="checkbox"/> | Music, CD, & DVD | <input type="checkbox"/> |
| IT & Telecommunications | <input type="checkbox"/> | Medical Devices | <input type="checkbox"/> |
| Pharmaceuticals | <input type="checkbox"/> | Stationery/Toys | <input type="checkbox"/> |
| Agriculture | <input type="checkbox"/> | Fishing | <input type="checkbox"/> |
| Gifts /Candles | <input type="checkbox"/> | Jewellery | <input type="checkbox"/> |
| Cosmetics/Personal Care | <input type="checkbox"/> | IT & Telecommunications | <input type="checkbox"/> |
| Packaging | <input type="checkbox"/> | Other | <input type="checkbox"/> |



Declaration:

I, the undersigned, holder of Identity Card Number: _____
and residing at _____

acting on behalf of the above-mentioned company as duly authorised, declare that the information given above is correct and bind myself to inform GS1 Malta of any changes relating to the said information. I understand and accept that GS1 Malta shall, in addition and without prejudice to the contents of the GS1 Malta Statute, be entitled to terminate all services to the company I represent, should I fail to inform them of any changes to the information contained on this application with twenty (20) days from their occurrence. I further declare that I am authorised to bind the company in accordance with its Memorandum & Articles of Association / Board Resolution and bind myself to abide with the Statute and Terms and Conditions of GS1 Malta as well as any amendments thereto that may occur from time to time following approval at a general meeting of the same GS1 Malta.

Signature

Date

Capacity in which declarant is signing: