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
- Additional A Membership (AAM)
- Category B
- Additional B Membership (ABM)
- Category B+
- SCC
- 1 barcode
- GIAI
- * Online Product Identifier
- GRI
- GLN
- Customized Package
- Category C

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 ☐ Retailer ☐
Importing ☐ Wholesale ☐
Hardware Supplier ☐ Publishing ☐
Exporting ☐ Software Supplier ☐
Distribution ☐ Publisher ☐
Trader ☐ Supermarket ☐
Coops ☐
Other ________________________________

Nature of product:

food ☐ Beverages ☐
Sweets ☐ Chemicals/Detergents ☐
Textiles & Garments ☐ Tobacco ☐
Plastic/Metal ☐ Machinery & Equipment ☐
Newspaper/Publications ☐ Bank / Financial Institutions ☐
Electrical Goods & Electronics ☐ Music, CD, & DVD ☐
IT & Telecommunications ☐ Medical Devices ☐
Pharmaceuticals ☐ Stationery/Toys ☐
Agriculture ☐ Fishing ☐
Gifts /Candles ☐ Jewellery ☐
Cosmetics/Personal Care ☐ IT & Telecommunications ☐
Packaging ☐ Other ☐
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                                                      Capacity in which declarant is signing:

___________________________________________________________
Date