

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 & User Details:

Contact name/s for Activate Service representative(barCode issuance tool):

Email addresses(Login):

(The above will be used for GS1 Activate User, if more than one user is required, kindly list details for second user)

Contact name & e-mail for invoicing: _____

Contact name & e-mail 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 ☐

Partners Scheme ☐

(Solution Providers, Consultancy and Advisory scheme)

*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:

Elite ☐

Elite + ☐

Category A ☐

Additional A Membership (AAM) ☐

Category B ☐

Additional B Membership (ABM) ☐

Category B+ ☐

SSCC ☐

1 barcode ☐

GIAI ☐

* Online Product Identifier ☐

GRAI ☐

GLN ☐

Customized Package ☐

Category C ☐

Type of Standard Identifiers required:

GTIN 8 ☐

GTIN 13 ☐

GTIN14 ☐

GLN ☐

UPC ☐

GS1 128 ☐

UDI ☐

SSCC ☐

GMN ☐

LEI (LOU) ☐

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"/>	Retailers (Marketplaces included)	<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"/>
State body/Agency	<input type="checkbox"/>	Association	<input type="checkbox"/>
Education	<input type="checkbox"/>	Technical industries (Construction, Defense, Automotive)	<input type="checkbox"/>
Raw material suppliers and producers	<input type="checkbox"/>	Accommodation & foodservice	<input type="checkbox"/>
Healthcare provider (e.g. hospitals)	<input type="checkbox"/>	Bank & Finance	<input type="checkbox"/>
Coops	<input type="checkbox"/>	Solution Providers	<input type="checkbox"/>
Consultancy/Advisory	<input type="checkbox"/>	Transport and logistics	<input type="checkbox"/>
Raw Material	<input type="checkbox"/>	Other	<input type="checkbox"/>

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"/>	Other	<input type="checkbox"/>
Packaging	<input type="checkbox"/>	Please indicate: _____	

Kindly declare if the Global Company Prefix will be used for UDI purposes.

comply with US FDA UDI Rule ☐

Export in Europe ☐

Export to any other country ☐

If yes please indicate: _____

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.

I consent to GS1 Malta keeping my data for the purpose of UDI Declaration and I understand it will be handled in accordance with GS1 Malta Privacy Policy

Signature

Capacity in which declarant is signing

Date