



UPU Consultative Committee – Application form

The organization/company indicated below wishes to apply for membership of the UPU Consultative Committee. It declares that it is aware of the provisions of the Rules of Procedure of the UPU Consultative Committee, and that a membership fee, set by the UPU Consultative Committee, will be charged annually.

- Non-governmental organization (specific membership benefits as presented in the fee scale defined by the UPU Consultative Committee)

[Company name] wishes to apply for membership of the UPU Consultative Committee in the following category (category-specific membership benefits as presented in the fee scale defined by the UPU Consultative Committee) – for individual companies only:

- Gold member
 Silver member
 Bronze member

1 General information

Name of organization/company	
Sector represented or type of organization	
<input type="checkbox"/> Postal customers/consumers	<input type="checkbox"/> Delivery service providers
<input type="checkbox"/> Postal workers/employees	<input type="checkbox"/> Supplier of postal goods and services
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Multinational/national company specializing in e-commerce, retail, return logistics, payment solutions, Internet and technology
<input type="checkbox"/> Transport and logistics provider	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Multinational association/organization	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Head office address	
Brief information about the organization/company and its membership	
Legal status of the organization/company (please enclose relevant documentation)	

How is the organization/company funded?
Reasons for joining the Consultative Committee (e.g. areas or topics of interest)
Information-sharing possibilities and other contributions by the organization/company in support of the UPU's mission and objectives (e.g. activities in which the UPU can participate; documentation, information or services that the UPU can receive or access)

2 Authorization

This application has been validated/accredited by the competent authority (ministry or postal regulator) of the UPU member country in which the applicant is established:

I certify that	
<input type="checkbox"/>	[Organization name] is established (and registered, if so required) in [country name].
<input type="checkbox"/>	[Entity name] is registered in [country name] under the laws and regulations of the member country as an entity acting in the postal market.
Full name	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
Title	
Address	
Tel.	
E-mail	

3 Contact person of the organization/company

Full name	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
Title	
Address	
Tel.	
E-mail	

4 Billing information (if different from 3)

Full name	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
Title	
Address	
Tel.	
E-mail	

Place and date	Signature
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Please return to:

Consultative Committee Secretariat
UPU International Bureau
Weltpoststrasse 4
3015 BERNE
SWITZERLAND
E-mail: cc@upu.int