

This form will provide information about your company to CTPA in order to assist us in processing your enquiry. This is not an application and you are under no obligation to progress with membership. As a next step, we will ask you to a meeting at CTPA to discuss how we can best support you and to provide details of the services. You should bring product samples and company information.

COMPANY INFORMATION – TO BE COMPLETED BY ALL COMPANIES

COMPANY NAME _____

PREVIOUS NAME OR TRADING AS _____

ADDRESS _____

POSTCODE _____

TEL: _____ WEBSITE: _____

Please list any parent (P), subsidiary (S) and/or affiliated (A) companies and their product sector (e.g. pharma, cosmetic, medical devices etc) using the Code (P), (S) or (A) against each name:

COMPANY NAME	CODE	SECTOR
_____	_____	_____
_____	_____	_____

Q1: WHAT IS YOUR PRIME BUSINESS INTEREST IN THE COSMETICS AREA?

Please select all that apply from the following options

- We are a brand owner and manufacturer of own cosmetic brands
- We are a proprietary brand owner but the products are produced by third party(ies)
- We supply a contract manufacturing/supplier service to the cosmetics industry (tick all that apply):
- Private label only Private label plus Own Brands Small runs Fill only
- We act as distributors for a number of cosmetic brands which are (tick all that apply):
- manufactured in the UK manufactured in Europe (EU) manufactured outside EU
- We are a wholesaler of cosmetic brands (please go to Q3)
- We are a retailer of cosmetic brands (please go to Q3)
- We supply raw materials and/or services to cosmetic companies (please go to Q4)
- Other – please describe fully _____

Q2: TYPE OF SUPPLY (FINISHED PRODUCTS) – IF NONE, GO TO Q3

Please select all that apply from the following options

Our products are supplied to the following markets (tick all that apply):

- UK EU 28 Other Europe Americas Middle East/Africa BRIC (Brazil, Russia, India, China)
- Asia/Oceania ASEAN (Brunei, Indonesia, Malaysia, Philippines, Singapore, Thailand, Vietnam, Laos, Myanmar, Cambodia)

Our products are supplied to (tick all that apply):

- High Street Shops Department Stores Low Value Stores Groceries Internet Resellers
- Direct/Mail Order/Own Website Specialist Wholesalers Salons Spas Hotels Pharmacies
- Other _____

 Key product categories: Colour Cosmetics Fragrance Haircare Skincare Toiletries inc Personal Care

 Please list your main brand names: _____

Q3: IF YOUR PRIME BUSINESS IS AS A RETAILER AND/OR WHOLESALER

Please select all that apply from the following options

- We supply to the consumer through: Shop(s) Mail Order Online/Digital Pharmacies
 Other _____
- We retail cosmetic products but we do not have own-brands
- We are a wholesaler of cosmetic products to: Retail Trade Professional Trade (e.g.hair/nail/beauty salon)
 General Public (with/without loyalty card)
- We have own-brand cosmetic products which are:
 manufactured by us manufactured for us by third party(ies)
Please supply brand names _____

Q4: IF YOUR PRIME BUSINESS IS AS A SUPPLIER OF SERVICES AND/OR INGREDIENTS

Please select all that apply from the following options

Place of Supply (Ingredients/Services)

- UK EU 28 Rest of World

Provide Cosmetic Services in:

- Analytical
 Claims/Testing Support
 Stability Testing
 Microbiological Services
 Formulation Creation
 Safety Assessment
 Packaging Supplier
 Act as Responsible Person (RP) to External Companies

Ingredients Supplier of:

- General Ingredients Speciality Ingredients
 Fragrance Ingredients/Mixtures Colours
 Certified Organic Ingredients
 Natural (Not Organic) Ingredients
 Other Type of Supply (*please specify*)

i.e. mandated RP (name and address on pack) and/or contracted for RP services

REASON FOR MEMBERSHIP APPLICATION

What areas of expertise do you consider most important for your company in terms of CTPA membership?

COMPANY INFORMATION

DECLARATION: I understand that should a membership application be made subsequent to this enquiry, the information supplied by me in this form (Form A) will be submitted to the CTPA's Board of Directors.

Details of person completing this questionnaire:

NAME: _____

JOB TITLE: _____

E-MAIL: _____

SIGNED: _____ DATE: _____

(Must be signed by an officer of the company, ie. Director, Company Secretary, Owner)

Data Protection Statement: By returning this form, your personal information given above will be kept securely by the CTPA, not shared with third parties and will only be used to service your membership if you become a member of CTPA.

Please return this form to Mrs D Hunter, Director of Commercial Affairs,
CTPA, Sackville House, 40 Piccadilly, London, W1J ODR. E-mail: jhewitt@ctpa.org.uk Tel: 020 7491 8891