

**The National Pawnbrokers Association**

Chiltern Court | 37 St Peters Avenue | Caversham | Reading RG4 7DH

Tel: 08456 120 640

Fax: 08450 175 180

Email: des.milligan@thenpa.com

Web: www.thenpa.com



**MEMBERSHIP APPLICATION FORM** - To complete on-line click in the first active field, enter data and use your tab key to move to the next field.  
On completion please print the form, sign and date it before returning to us by post.

**FULL NAME OF APPLICANT** (The name of the partnership/company or if sole trader forename and surname)

[Empty text box for full name of applicant]

**NAME UNDER WHICH PAWNBROKING IS CONDUCTED** (Trading name)

[Empty text box for trading name]

**FULL ADDRESS AT WHICH PAWNBROKING IS OR WILL BE CONDUCTED**

(If more than one address please attach a list)

Address Line 1:  
Address Line 2:  
Town: Postcode:  
Office telephone: Mobile telephone:  
E-mail contact: Website address:

**NAME OF ALL DIRECTORS OR PARTNERS** (If insufficient spaces please attach list)

Surname: Forename(s):  
Surname: Forename(s):  
Surname: Forename(s):  
Surname: Forename(s):

**PLEASE CONFIRM: DO YOU HAVE UP-TO-DATE PAWNBROKING SOFTWARE INSTALLED?**

YES NO

**CONSUMER CREDIT LICENCE NUMBER** (Please attach copy)

Licence number: Issue date:

**HOW LONG HAS PAWNBROKING BUSINESS BEEN ESTABLISHED?**

[Empty text box for business establishment duration]

**WHAT OTHER TRADES DO YOU UNDERTAKE?**

[Empty text box for other trades]

**BANK REFERENCE:**

Bank name:  
Contact:  
Address:

**TRADE REFERENCE:**

Company name:  
Contact:  
Address:

**OTHER TRADE ASSOCIATION MEMBERSHIPS:**

[Empty text box for other trade association memberships]

**DECLARATION**

I/We agree if accepted into membership to abide by the Rules and Articles of Association of the National Pawnbrokers Association  
Signed: Name (block capitals):  
Date: Position or authority:

**PLEASE ENCLOSE COPIES OF THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:  
CONSUMER CREDIT LICENCE; PLEDGE STOCK INSURANCE POLICY SCHEDULE**