



synadiet

2020 membership form

This document is 4 pages long)

THIS FORM CAN BE FILLED ON THE COMPUTER OR BY HANDS IN CAPITAL LETTERS

Company : _____

Or

Group : _____

IMPORTANT ! Please, indicate precisely the name which must be put on our Annual Activity report 2020 (members' list) _____

Name of the head / executive officer of your company : _____

Function : _____

E-mail address : _____

Warning ! If your company is a group, please fill the subsidiary part beneath.

For « groups » applications, the turnover that has to be taken into account is the cumulative turnover of all the subsidiaries that the parent company wishes to integrate into its accession, and in which it holds, directly or indirectly, more than half of the voting rights.

1. LIST OF SUBSIDIARY TAKEN INTO ACCOUNT IN THE CALCUL OF THE CUMULATIVE TURNOVER GENERATED BY THE SALES 2019

1 : _____ ACTIVITY : _____

ADDRESS : _____

SUBSIDIARY 2 : _____ ACTIVITY : _____

ADDRESS : _____

SUBSIDIARY 3 : _____ ACTIVITY : _____

ADDRESS : _____

2. COMPANY CONTACT

Head Office address : _____

Postal code _____ Town _____ Country _____

Phone number _____ Web site _____

Do you have other addresses in France ? (If so, please note them on page 4) YES NO

Person to contact in your company :

Name : _____

E-mail address : _____

Do you agree to be part of our Press Relations contact list? If yes, send us a Press Contact in the event of media requests below:

Press Contact : _____

Contact email address: _____

SYNADIET undertakes to respect the confidentiality of this data. It will not be passed on to any third party organization. Data relating to turnover, business sectors, number of employees, etc. Can be used for global statistics or for the development of key figures for the profession. No personal data will be used. The information collected are required for your membership. They are subject to computer processing and are intended for the secretariat of the association. In application of articles 39 and following of the law of January 6, 1978 modified, you have the right to access and correct information concerning you. If you wish to exercise this right and obtain communication of information concerning you, please contact us at nouscontacter@synadiet.org. However SYNADIET, in accordance with the provisions of article 8 of the law of January 6, 1978 is exempted from the declaration of informations files to CNL.

3. ECONOMIC AND SOCIAL INFORMATIONS

certify on my honour that the company's turnover declared for the calcul of the membership fee is of _____ to the last completed financial year, of which _____ is for the export.

The turnover to be taken into account is the overall turnover for 2019 (France and made for export from France) for sales falling within SYNADIET's field of activity (food supplements, ingredients included in their composition)

Total number of employees : _____ Number of employees for FS : _____

Collective agreement : _____ NAF code : _____

Intra-community VTA number : _____ Siret number : _____

4. QUALITY

By submitting this application, **our company agrees to commit to setting up a quality approach in relation with the Food Supplements Quality Charter established by SYNADIET.**

(<http://www.synadiet.org/les-complements-alimentaires/qualite-et-securite-du-consommateur/charte-de-qualite>)

5. FINANCIAL CONDITION FOR 2020

Registration requires an entry fee of € 1,000 (payable only once during the first year of membership).

Please, check out the categorie corresponding to the declared turnover for 2019 :

A	Turnover is less than 700 000 €	<input type="checkbox"/> Contribution 2 425 €
B	Turnover between 700 001 € & 1 500 000 €	<input type="checkbox"/> Contribution 3 555 €
C	Turnover between 1 500 001 € & 3 000 000 €	<input type="checkbox"/> Contribution 4 430 €
D	Turnover between 3 000 001 € & 5 500 000 €	<input type="checkbox"/> Contribution 5 050 €
E1	Turnover is above 5 500 001 €	Calcul of the Contribution : 5050 € + [(real TO-5 500 000) x 0.035%] thus _____ €
E2	Turnover is above 35 000 000 €	Calcul of the Contribution : 15 500 € + [(real TO-35 000 000) x 0.006%] thus _____ €

Special contributions :

F	Associate member	<input type="checkbox"/> Contribution 2 170 €
G	New business created two years before at most if the turnover is under 100 001 €	<input type="checkbox"/> Contribution 1 060 €

At _____

Stamp of your company (Mandatory)

The _____

Name and Signature of the company representative or the person empowered to complete this document preceded by the handwritten mention "Good for agreement"

Complementary informations :

Reminder of the company name : _____

Own manufacturing site (s): YES NO

Pharmaceutical laboratory : YES NO

Organic Products : YES NO

If YES, % of turnover linked to organic turnover: _____ % of turnover invested in R&D : _____

Activities :

- Consultant
- Manufacturer and producer of food supplements
- Producer of food supplements
- Distributor (distributes products for which it is not responsible for marketing)
- Ingredients distributor (does not manufacture)
- Ingredients manufacturer
- Analysis laboratory
- Subcontractor (manufactures for other actors)
- Other _____

Certifications / Attestations:

- GMP / GMP Pharmaceutical
- ISO 22000
- ISO 9001
- Recognition certificate according to the Synadiet Quality Charter (Bureau Véritas)
- Cofrac
- IFS Food
- Other _____

Distribution channels and % of sales:

- Pharmacy _____
- Drugstore _____
- Large-scale distributors _____
- Health food stores _____
- Organic Shops _____
- Sport shops and gyms _____
- Others specialized stores _____
- Internet _____
- Mail order _____
- Direct sale _____
- Hairdressers and beauty salons _____

Export: YES NO

Export countries : _____



Addresses of sites belonging to the company

NAME : _____ ACTIVITY : _____

ADDRESS : _____

NAME : _____ ACTIVITY : _____

ADDRESS : _____

NAME : _____ ACTIVITY : _____

ADDRESS : _____

NAME : _____ ACTIVITY : _____

ADDRESS : _____

NAME : _____ ACTIVITY : _____

ADDRESS : _____