

PEMBROKESHIRE PRODUCE APPLICATION FORM

COMPANY NAME/NAME OF ESTABLISHMENT:

(please use the name that you would like on your charter)

(Block Capitals)

CONTACT NAME:

TITLE:

FULL POSTAL ADDRESS:

POSTCODE

TELEPHONE NO:

FAX:

E-MAIL:

WEB SITE:

PRODUCT/SERVICES/TYPE OF ESTABLISHMENT:

BRANDS *(if any)*

SIGNED:

DATE:

Please reply to:

The Pembrokeshire Produce Mark Scheme
Economic Development
Pembrokeshire County Council
2A County Hall
Haverfordwest
Pembrokeshire SA61 1TP
Tel: 01437 776168
Fax: 01437 776184



DECLARATION

We

of

Hereby declare

- that the following products are manufactured at our premises in Pembrokeshire,
- ingredients or materials used have been sourced as far as possible in Pembrokeshire,
- the following services are provided from our premises in Pembrokeshire.
(please tick at least one of the above)

Products/Services:

.....
.....
.....

We hereby declare, if granted the right to use the Pembrokeshire Produce Mark, that we will abide by the regulations of the Pembrokeshire Produce Mark as set out in the membership regulations

Signed:

for and on behalf of

Date this day of 20

Please reply to:

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