



# DX Document Exchange - Application For Membership (Ireland)

DX Account Manager

I/We hereby apply to become a Member of the DX and enter into agreement with DX for the provision of the Document Exchange service operated by DX. I/We confirm that we satisfy the definition of "Member" in the DX Rules of Membership. I/We understand that this will entitle me/us to the privileges of use of a box in an Exchange as allocated to me/us. If admitted, I/We agree to abide by the Rules Of Membership and I/We expressly acknowledge that the Rules Of Membership may be altered at any time in accordance with the Rules.

Please complete this form in capital letters ensuring you sign both the 'Customer Completion' section below and the 'DX Rules Of Membership' attached.

**Member Details**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Requested Exchange (if applicable) \_\_\_\_\_

**Invoice Address (If Different)**

Address \_\_\_\_\_

\_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

DX Number \_\_\_\_\_

Exchange \_\_\_\_\_

**DX User Contact**

Mr/Mrs/Miss/Ms \_\_\_\_\_

Initials \_\_\_\_\_

Surname \_\_\_\_\_

Position \_\_\_\_\_

**Invoice Contact (if different)**

Mr/Mrs/Miss/Ms \_\_\_\_\_

Initials \_\_\_\_\_

Surname \_\_\_\_\_

Position \_\_\_\_\_

**Input by Account Manager**

Enrolment Fee (Year 1 only) \_\_\_\_\_

Box Charge \_\_\_\_\_

Subscription (Exclusive of Mailshots) \_\_\_\_\_

Additional Charges \_\_\_\_\_

Subtotal \_\_\_\_\_

VAT @ 21.5% \_\_\_\_\_

Grand Total \_\_\_\_\_

Subject to monitoring at 6 months \_\_\_\_\_

Start Date \_\_\_\_\_

Renewal Date \_\_\_\_\_

Host  Full Membership

Frequency of Payment Quarterly  Annually

**Other Information**

Type of company \_\_\_\_\_

Total Number of Offices \_\_\_\_\_

Number of offices on the DX \_\_\_\_\_

Directory Entry\* \_\_\_\_\_

\_\_\_\_\_

*\*This entry will be used for published and electronic media directories. Please use a separate sheet for additional entries if required.*

No. of partners \_\_\_\_\_

No. of Fee Earners inc. Partners (if applicable) at the above address \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

**Internal Use Only**

Profession Code \_\_\_\_\_

SIC Code \_\_\_\_\_

SAP Number \_\_\_\_\_

Account Manager Code / Name \_\_\_\_\_

DX Number \_\_\_\_\_

Key Number \_\_\_\_\_

Application Ref \_\_\_\_\_

Date Application Received \_\_\_\_\_

Head Office Code \_\_\_\_\_

Archive Account # \_\_\_\_\_

**Customer Completion**

Signature  Name (in CAPS)  Date

Tick here if you do not wish to receive any information about other DX services available to you in the future