



UNION OF THE EUROPEAN LUBRICANT INDUSTRY
UNION DE L'INDUSTRIE EUROPEENNE DES LUBRIFIANTS

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MEMBERSHIP REQUEST TO THE UEIL
APPLICATION FORM FOR A COMPANY

I, the undersigned (Name, First Name, Title)

..... ,

On behalf of (Name of the Company, possibly the official abbreviation)

..... ,

Herewith request to be considered for membership of:-

Union of the European Lubricants Industry (UEIL).

Your Company

Name **Head Office**

Address

.....

General Telephone General Fax

General E-mail Website

Other Offices located in (City, Country)

.....

Plants located in (City, Country)

.....

The Management

General Manager Direct E-mail

Direct Telephone Direct Fax

The Activity

Products

What are the products you are dealing with? Please tick wherever applicable to your company.

Product	Production	Retail
Engine Oils		
Passenger Car	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Vehicles	<input type="checkbox"/>	<input type="checkbox"/>
Two-stroke	<input type="checkbox"/>	<input type="checkbox"/>
Off-the-road Vehicles	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Gear Oils		
Automotive	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Greases		
Automotive	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	<input type="checkbox"/>
Metalworking Fluids	<input type="checkbox"/>	<input type="checkbox"/>
Highly Refined Oils	<input type="checkbox"/>	<input type="checkbox"/>
Other Oils		
Compressor	<input type="checkbox"/>	<input type="checkbox"/>
Processing Oils	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Base oils	<input type="checkbox"/>	<input type="checkbox"/>
Additives	<input type="checkbox"/>	<input type="checkbox"/>

Brands

Which brands do you market commercially?

.....

.....

Turnover

Please give us an estimate of your latest turnover..... (x 1.000.000,00 €)

The Motivation and Expectations

Please state hereafter the motivation of your company to become member of UEIL and/or the expectations your company has in respect of UEIL.

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Signature: Place and date: