



The Independent HIP Group



Application Form to become an Accredited Member of Hipag

Name of Firm: _____

Contact Name: _____

Contact e-mail: _____

Address: _____

Company Website: _____

DX Number: _____

Telephone Number: _____ Fax Number: _____

Number of Partners: _____ Number of Offices: _____

Please tick the relevant option below:

Accredited Membership Rates		
Sole Practitioner	£ 90 per quarter	<input type="checkbox"/>
2 - 4 Partners	£120 per quarter	<input type="checkbox"/>
5+ Partners	£180 per quarter	<input type="checkbox"/>

Billing Options		
Annual Billing	- 25% discount for annual billing	<input type="checkbox"/>
Quarterly Billing	- as per rates shown	<input type="checkbox"/>

These charges are exclusive of VAT.

Signed: _____ Date: _____

Name: _____

Position in Firm: _____

Membership fee will be collected in advance by Direct Debit on the last working day of the relevant month, or if you would prefer to pay by cheque please tick box.

Please complete the Direct Debit mandate and return along with your membership form to:

Kim Hewitt
Hipag Services Limited
Oyez House
7 Spa Road, London SE16 3QQ

Tel: 020 7556 3985 Fax: 020 7556 3310 DX: 80705 BERMONDSEY Email: hipag@oyezstraker.co.uk