

SERVICE PROVIDER SIGNATORY APPLICATION FORM

This application form is for Service Provider signatories (<u>definition</u>). Please complete the online form (click <u>here</u>) with a signed declaration (which can be found <u>here</u>) and an organisation chart

ORGANISATION INFORMATION						
Name (as you would like it displayed on the PRI website)						
Head office street address						
City	Prov/state					
Post/zip code	Country					
Any other office locations (list countries)						
Organisation's invoicing name						
Invoicing street address	V					
Invoicing city	Invoicing prov/state					
Invoicing post/zip code	Invoicing country					
Your VAT number						
Number of staff at your organisation						
Your website						
Country you would like to be listed une	der on the PRI website					
Link to your website page detailing yo activities, for inclusion on the PRI web						
Your organisation's Twitter handle (if y						
Are you part of a larger organisation? (Click here for more						
information. If you are part of a larger organisation or a						
subsidiary please submit an organisati	•••					
entities in the group structure, with your application)						

PRI Association





What category best describes your organisation? Please mark the appropriate box[es]				
Asset consultants				
Audit / assurance				
Brokerage				
Certification / accreditation				
Data management system providers				
Engagements				
ESG reporting				
ESG research				
Indices				
Industry association/ investor network				
Media				
Non-profit				
PR / IR / communications / marketing				
Proxy voting				
Stock exchange				
Sustainability consultant				
Training/education				
Other (please specify)				
If you do not want this information displayed on the PRI website please mark this box				
Please provide a brief description of your organisation and its primary activities.				



YOUR REASONS FOR SIGNING

	Please tick
How did you hear about the PRI?	
After direct contact with a PRI representative	
From a PRI signatory	
From a current or potential client	
After seeing PRI in social media	
After reading about PRI in financial or pensions media	
At an event (please specify)	
Other (please specify)	



CONTACT DETAILS

Primary contact for PRI communications (this person will be sent all information relating to the PRI, apart from invoices [unless specified], and will be able to vote in the PRI's Board elections. Only one vote can be cast per signatory).

Title (Mr., Ms., etc.)	
Name	
Role (e.g. CEO)	
Email	
Phone	
P.A. email	
Office address (leave blank if same as HQ)	
Primary contact for in	voicing of signatory fees (this person will be sent all signatory invoices)
Title (Mr., Ms., etc.)	
Name	
Role (e.g. CEO)	
Email	
Phone	
P.A. email	
Office address (leave blank if same as HQ)	
CEO (or equivalent)	
Title (Mr., Ms., etc.)	
Name	
Role (e.g. CEO)	
Email	
Phone	
P.A. email	
Office address (leave blank if same as HQ)	



Additional (secondary) contacts (these contacts will receive the same information as the primary contact, minus voting information)								
First name	Last name	Job title	Email address	Phone	Location (city, state & country. For event invitations and region specific information)	Do they work specifically on ESG or RI issues? Yes/no		

All *primary* and *secondary* contacts will receive the membership-related communications outlined in the PRI's <u>Privacy Policy</u> unless they opt-out. Signatories can update their communication preferences when registering to the platform.

