

## 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 t	the PRI website)	, 0			
Head office street address		)			
City	Prov/sta	ate			
Post/zip code	Country	,			
Any other office locations (list countries)					
Organisation's invoicing name					
Invoicing street address					
Invoicing city	Invoicin	g prov/state			
Invoicing post/zip code	Invoicin	g country			
Your VAT number					
Number of staff at your organisation					
Your website					
Country you would like to be listed under	on the PRI website				
Link to your website page detailing your activities, for inclusion on the PRI website					
Your organisation's Twitter handle (if you	ı have one)				
Are you part of a larger organisation? (	·				
information. If you are part of a large	•				
subsidiary please submit an organisation chart, showing legal entities in the group structure. with your application)					





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 <b>not</b> 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	
How did you hear about the PRI?	Please tick
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 DET	AILO
	RI communications (this person will be sent all information relating to the PRI, apart pecified], and will be able to vote in the PRI's Board elections. Only one vote can be
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 (second	dary) contacts (these contacts	s will receive the sam	ame information as the pri	mary contact, minus v	voting information)  Location (city, state & country. For event	Do they work specifically on
First name	Last name	Job title	Email address	Phone	invitations and region specific information)	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.

