



BRANCH Application Form

*Please complete in block letters and return to the RQMF Registrar
This form must be completed together with the Business Application Form*

TRADING NAME OF BUSINESS

1. **BRANCH NAME** (if different)
ADDRESS
..... TOWN.....
COUNTY..... POST CODE
TEL NO..... E-mail
CONTACT NAME

2. **BRANCH NAME** (if different)
ADDRESS
..... TOWN.....
COUNTY..... POST CODE
TEL NO..... E-mail
CONTACT NAME

3. **BRANCH NAME** (if different)
ADDRESS
..... TOWN.....
COUNTY..... POST CODE
TEL NO..... E-mail
CONTACT NAME

Continued overleaf.....

4. **BRANCH NAME** (if different)
ADDRESS
..... TOWN.....
COUNTY..... POST CODE
TEL NO..... E-mail
CONTACT NAME

5. **BRANCH NAME** (if different)
ADDRESS
..... TOWN.....
COUNTY..... POST CODE
TEL NO..... E-mail
CONTACT NAME

6. **BRANCH NAME** (if different)
ADDRESS
..... TOWN.....
COUNTY..... POST CODE
TEL NO..... E-mail
CONTACT NAME

REMITTANCE

Branch Registration: £20.00 per branch. **Please do not send payment with the application form.**
An invoice will be sent once approved

Payment can then be made through BACs or by cheque payable to RQMF:

Application form should be returned with remittance to:
Register of Qualified Memorial Fixers, 1 Castle Mews, Rugby Warwickshire, CV21 2XL
Tel: 01788 542276; E-mail: info@rqmf.org.uk;

January 2025