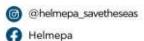
APPLICATION FORM CORPORATE SUPPORTER

COMPANY ID			
001/21/2/14/15			
COMPANY NAME			
AREA OF ACTIVITY			
POSTAL ADDRESS		TELEPHONE	FAX
VAT NUMBER	TAX OFFICE	NUMBER OF EMPLOYEES (~)	
E-MAIL			
To make the best use of HELMEP	A's programs available to me	embers, please com	plete contact details of the

responsible departments as listed in the table below, so that they can receive personalized information, invitations, as well as participation opportunities to ESG programs and executives' training.

	FULL NAME	E-MAIL	TELEPHONE
LIAISON WITH HELMEPA			
TRAINING MANAGER			
HR MANAGER			
SUSTAINABILITY MANAGER			
ACCOUNTING MANAGER			
MARKETING MANAGER			
OTHER EXECUTIVE			



Helmepa Maritime











We hereby pledge to voluntarily support the main aim of the Hellenic Marine Environment Protection Association – HELMEPA, which is the encouragement, pursuit, and development of the voluntary participation of all stakeholders, legal entities and individuals of Greek Shipping and the wider society in the effort to protect the marine environment and the wider ecosystem from all types of pollution.

The Annual Contribution of the Corporate Supporting Member for 2024 amounts to € 500 (five hundred euros). The annual membership fee for regular and corporate members is calendar-based and expires on December 31st of each year, regardless of the registration date in the Association.

I am aware, understand and accept that HELMEPA, under the terms of applicable personal data protection legislation, records and processes the data contained in the Member Application, as well as sends updates concerning the activities of the Maritime Training Center. I also accept that these data be disclosed to the other members of HELMEPA's participatory platform in the context of joint activities for the purposes of the Association.

Full Name	COMPLETED BY HELMEPA	
Job Title		
Date		
	Full name	Full name
Signature & Company's stamp		
	Signature	Signature