

**2025 CIF Membership Subscription - Statement of Turnover
Accountant/Auditor Verification**

**Please insert company details below*

Company Name: _____

Turnover Categories

		€			€
A	0	-	300,000	J	12,000,001 - 14,500,000
B	300,001	-	500,000	K	14,500,001 - 18,000,000
C	500,001	-	810,000	L	18,000,001 - 22,500,000
D	810,001	-	1,200,000	M	22,500,001 - 31,500,000
E	1,200,001	-	2,500,000	N	31,500,001 - 45,000,000
F	2,500,001	-	4,500,000	O	45,000,001 - 72,000,000
G	4,500,001	-	7,000,000	P	72,000,001 - 108,000,000
H	7,000,001	-	9,000,000	Q	108,000,001 - 180,000,000
I	9,000,001	-	12,000,000	R	180,000,001 +

We, the undersigned, confirm that the above-named company's turnover, as set out in its audited financial statements for the period ended * _____ is
€ _____

* Note: The Turnover Category should be based on the accounts total turnover figure in respect of the company's financial year ending on or before 31st March 2024.

Accountant/Auditor Name: _____

Address: _____

Signature: _____

Date: _____

Stamp: