

Revised: 1 January 2011



## NASC INFORMATION MEMBERSHIP APPLICATION FORM

### 1. GENERAL

a) Company Name: .....

Company registration number: ..... Date of registration: .....

Which of the following applies to the company? (Delete as applicable):

- Public Limited Company
- Limited Company
- Partnership
- Sole Trader

b) Provide full names (on a separate sheet) of all the company's officers i.e. company directors, company secretary, partners and/or proprietor as applicable.

c) Are any current Officers of the company (and/or persons with a financial interest) currently or previously disqualified from acting as a Company Director? If yes, provide details (on a separate sheet).

d) Number of years trading: .....

e) Principal business address:

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Tel: ..... Fax: .....

Email address: .....

Website: .....

f) Principal contact (for NASC matters):

Name: ..... Position: .....

Tel: ..... Email: .....

g) Registered address (if different to principal business address):

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h) Does the company have any subsidiary companies?

If yes, give the names and addresses of these companies (on a separate sheet) indicating telephone, fax numbers and email.

i) Is the company a member of a larger group of companies? If yes, give the name and address of this group (on a separate sheet) indicating telephone, fax numbers and email.

j) Does the company have more than one operating branch? If yes, provide details (on a separate sheet) of company branches (indicating telephone, fax numbers and email address for each branch).

k) Provide copy of Certification of Registration for VAT.

**2. NATURE OF BUSINESS**

Please tick as appropriate:

a) Scaffold Design

b) Scaffold Security

c) Software/Computer Design

d) Sale of scaffold related products

e) Insurance

f) Contractor

g) Training

h) Other activities (give details)

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How will your company, and/or product, be of service to the Scaffolding Industry and NASC members?

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**3. FINANCIAL**

a) Indicate the total turnover for the last two completed financial years:

Financial Year FROM: ..... TO: ..... TURNOVER: .....

Financial Year FROM: ..... TO: ..... TURNOVER: .....

***Please provide a copy of full company accounts for these last two completed financial years as prepared and signed by your company accountants/auditors.***

b) Please give details of any changes in shareholders and Directors since your last accounting period.

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c) Provide details of company accountants/auditors (include name, address and contact name and telephone number).

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**4. INSURANCE**

a) Indicate the level of Employers Liability Cover (minimum £10m)                      £.....

b) Indicate the level of Public Liability Cover (minimum £5m)                      £.....

*Enclose copies of current Employers Liability and Public Liability insurance certificates. These must state level of cover, policy number and expiry date.*

c) Do you have Professional Indemnity Cover?

*If yes, please provide copy of certificate.*

d) Provide details of your insurance broker

*(indicating name, FSA registration number, address, telephone and fax numbers):*

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**5. SECURITY**

a) Indicate the principal measures used by the company to secure yards and premises:

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**6. TRAINING**

*It is a requirement for any companies offering scaffold training to be CISRS registered (if not applicable please leave blank).*

a) CISRS Registration number: .....

b) Details of training:

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**7. REFERENCES (new applicants only)**

Please provide two references and indicate company name, address, project name, contact name and contact telephone number:

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## 8. DECLARATION

I hereby declare that I have checked the information provided is accurate and correct:

Managing Director's Name (print): .....

Managing Director's Signature: .....

Date: .....

## 9. CHECKLIST

*Please ensure that you complete and return the enclosed checklist with all requested enclosures fully cross referenced with this application form. Failure to include all relevant items will result in the return of this application for resubmission within 28 days. The confederation will be unable to progress the application unless all the required information is received within 28 days.*

- Details of company officers etc (section 1b)
- Details of disqualified officers or persons with financial interest etc (section 1c)
- List of subsidiary companies (section 1l)
- Group details (section 1m)
- Details of company branches (section 1n)
- Certificate of Registration for VAT (section 1o)
- Full set of company accounts for the last two financial years (section 3a)
- Current Employers Liability and Public Liability insurance certificates (section 4a & b)
- Professional Indemnity certificate (section 4c)
- Vehicle insurance certificate and list of commercial vehicles covered (section 4d)
- Operators licence or alternative arrangements (section 4e)
- Equal opportunities policy (section 5a)
- Substance abuse policy (section 5b)