

National Access & Scaffolding Confederation

NASC SUPPLIER MEMBERSHIP APPLICATION FORM

1. GENERAL a) Company Name:
Company registration number:
b) Provide full names (on a separate sheet) of all the company's officers i.e. company directors, company secretary, persons with significant control.
c) Have any of the above officers held any similar positions in scaffolding related companies in the last 5 years? If yes, provide details (on a separate sheet).
d) 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).
e) Principal business address:
Tel:
Email address:
Website:
f) Principal contact (for NASC matters):
Name: Position:
Tel: Email:
g) 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 and email.
h) Provide a copy of Certification of Registration for VAT (if applicable).

2. NATURE OF BUSINESS

Please tick options below as appropriate:

a)	Does the company provide any of these p	products:	
EN: BS EN: Alu Pre	39 tube 10219-1 High Tensile Tube 2482 Timber Board 74-1 Couplers minium beams -fabricated Structural Transom Units tem scaffolding		
b)	Does the company provide any of these g	goods or services:	
Sca Hea Tra Insi Sec Fina Leg Rec	ripment (other than those listed above) ffold inspection alth & safety consultancy ining (other than scaffolder training) urance urity ancial services al advice cruitment advice her – please provide details below		
3. FINANCIAL Indicate the total turnover from scaffolding and access related activities for the last two completed financial years:			
Fin	ancial Year From:To:	Turnover: £	
Fin	ancial Year From:To:	Turnover: £	
	ase provide a copy of full company accou pared and signed by your company accou	nts for these last two completed financial years as untants/auditors.	
	NSURANCE ndicate the level of Employers Liability Cov	ver £	
b) I	ndicate the level of Product Liability Cover	r £	
c) I	ndicate the level of Public Liability Cover	£	

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

5. HEALTH & SAFETY POLICY STATEMENT

Please provide a Health & Safety Policy statement signed by a company director and dated within the last 12 months.

6. ANTI-SLAVERY POLICY STATEMENT

Please provide an Anti-Slavery Policy statement signed by a company director and dated within the last 12 months.

7. DIVERSITY POLICY STATEMENT

Please provide a Diversity Policy statement signed by a company director and dated within the last 12 months.

8. REFERENCES Please provide two references and indicate company name, address, contact name and contact telephone number:
1
2
9. DECLARATION
I hereby declare that I have checked the information provided is accurate and correct:
Applicant's Name (print):
Applicant's Signature:
Date:



CHECKLIST

Please ensure that you complete and return the enclosed checklist with all requested enclosures fully cross referenced with this application form.

- Application fee £600 (£500 plus VAT)
 Paid to NASC Sort code 40-01-06 Account 32217031, a VAT invoice will be issued on receipt
- Details of company officers etc (section 1b & c)
- Details of disqualified officers or persons with financial interest etc (section 1d)
- Group details (section 1g)
- Certificate of Registration for VAT (section 1h)
- Full set of company accounts for the last two financial years (section 3)
- Current Employers Liability, Product Liability and Public Liability insurance certificates (section 4)
- Health and Safety policy statement signed by a director and dated within the last 12 months (section 5)
- Anti-Slavery policy statement signed by a director and dated within the last 12 months (section 6)
- Diversity policy statement signed by a director and dated within the last 12 months (section 7)