



## NASC SUPPLIER MEMBERSHIP APPLICATION FORM

### 1. GENERAL

a) Company Name:

.....

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

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 products:

- EN39 tube
- EN10219-1 High Tensile Tube
- BS 2482 Timber Board
- EN74-1 Couplers
- Aluminium beams
- Pre-fabricated Structural Transom Units
- System scaffolding

b) Does the company provide any of these goods or services:

- Equipment (other than those listed above)
- Scaffold inspection
- Health & safety consultancy
- Training (other than scaffolder training)
- Insurance
- Security
- Financial services
- Legal advice
- Recruitment advice
- Other – please provide details below

**3. FINANCIAL**

Indicate the total turnover from scaffolding and access related activities 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.***

**4. INSURANCE**

a) Indicate the level of Employers Liability Cover £.....

b) Indicate the level of Public Liability Cover £.....

*Enclose copies of current Employers 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. REFERENCES**

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

1.....  
.....  
2.....  
.....

**7. 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 3a)
- Current Employers Liability and Public Liability insurance certificates (section 4a & b)
- Health and Safety policy statement signed by a director and dated within the last 12 months (section 5)