

LOCKSMITH SCHEME APPLICATION FORM

Company Details: Please complete the information below.

Company Registered Name:			
Company Trading Name(s):			
Address:			
Post Code:			
Telephone number:			
Main Contact:			
Email:			
Website:			
Facebook :			
Total number of operating sites:			
Number of Locksmiths employed:			
Do you and/or your locksmiths hold a City and Guilds/GQA accredited certificate:	Yes/No	Date Achieved:	
Are you already on the CORGI Fenestration Skilled Locksmith: Register	Yes/No		
CRB Certificate held:	Yes/No		

Type of business

Sole Proprietor	Yes /No		
Partnership	Yes /No	Names of Partners	
Limited company	Yes /No	Names of Directors	
Public Limited Company	Yes /No	Names of Directors	
Franchise	Yes /No	Details of Franchiser	

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Insurance requirements:

Combined liability insurance:			
Provider		Policy number	
		Expiry Date	
	Public liability cover (£):		
	Employers liability cover (£):		
	Professional indemnity Cover (£):		
Details of any additional company insurance held:			

Geographical Coverage:

Please indicate the regions where you operate:					
North East	<input type="checkbox"/>	West midlands	<input type="checkbox"/>	South West	<input type="checkbox"/>
North West	<input type="checkbox"/>	East Anglia	<input type="checkbox"/>	Northern Ireland	<input type="checkbox"/>
Yorkshire and the Humber	<input type="checkbox"/>	Greater London	<input type="checkbox"/>	Scotland	<input type="checkbox"/>
East midlands	<input type="checkbox"/>	South East	<input type="checkbox"/>	Wales	<input type="checkbox"/>
Other (e.g. town or city)					

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Declaration:

This declaration must be signed by an authorised representative of the company (this should be a Director, partner or owner of the company).

<p>Declaration:</p> <p>I confirm that the information provided in this application is correct and where applicable, I consent to share the details of any individuals named on this form or any supplementary form for the purpose of processing and maintaining any membership that may arise from this application. Any changes will be notified in writing by CORGI Fenestration.</p> <p>By signing this agreement, you authorise CORGI Fenestration to carry out credit checks on you and your business throughout the term of your membership, as required by the CORGI Fenestration Scheme rules*.</p> <p>By signing this agreement, you authorise CORGI Fenestration to take references from your customers.</p> <p>I have read, understood and agree on behalf of the company named in this application to abide by the relevant CORGI Fenestration Locksmith Scheme rules* and all documents referred to therein. I understand that I may be asked to provide further information in order to progress with this application.</p> <p><i>*for CORGI Fenestration Locksmith Scheme rules please visit www.corgifenestration.co.uk</i></p>	
Authorised Representative Name:	Position:
Signature:	Date:

When submitting this by email, please provide either an electronic signature or alternatively scan the signed document and then return to us.

Documents to be supplied with the application:

- Copy of CRB certificate
- Copy of Qualification Certificate
- Copy of insurance policies held
- Where applicable, copy of CORGI Fenestration Skilled Locksmith Card

Scanned or photographs of documents are acceptable for submission electronically.

The completed application form and documents should be returned to:

Email : enquiries@corgifenestration.co.uk
Post: CORGI Fenestration Scheme Ltd, Lancashire House, 97 London Road, Loughton Village, Milton Keynes, Bucks. MK5 8AG.

Payment:

Payment may be made by BACS or Cheque

Note: Total fee to be paid is the Initial Registration fee plus Skills Register fee. All fees are plus VAT.

Payment by Cheque		
I enclose a Cheque made payable to CORGI Fenestration Scheme Limited for:		£
Cheque Number:		
Payment by BACS		
Sort Code	40-33-33	
Account Name	CORGI Fenestration Scheme Limited	
Account number	32607271	