

**Company Details: Please complete the information below.**

Company Registered Name:	
Company Trading Name(s):	
Address:	
Post Code:	
Telephone number:	
Main Contact:	
Email:	
Total number of operating sites:	
<b>For installation Companies only:</b>	
Number of Installation teams:	
Number of Surveyors:	

**Type of business** (Please indicate by ticking the box for ALL disciplines carried out by your company):

Glass Manufacturer	<input type="checkbox"/>	System house	<input type="checkbox"/>
IGU Manufacturer	<input type="checkbox"/>	Fenestration system designer	<input type="checkbox"/>
Components Manufacturer	<input type="checkbox"/>	Fenestration Products Repair and Maintenance	<input type="checkbox"/>
Fabricator	<input type="checkbox"/>	Installer	<input type="checkbox"/>

<b>If you are an installer do you</b> (Please indicate by ticking the boxes for ALL types of installation carried out by your company)	
Install fenestration products in new dwelling	<input type="checkbox"/>
Install fenestration products in new buildings other than dwellings	<input type="checkbox"/>
Install fenestration products in extensions to dwelling	<input type="checkbox"/>
Install fenestration products in extensions to buildings other than dwellings	<input type="checkbox"/>
Install fenestration products in existing dwellings	<input type="checkbox"/>
Install fenestration products in existing buildings other than dwellings	<input type="checkbox"/>
Install replacement conservatory roofs	<input type="checkbox"/>
Repair and maintain fenestration products	<input type="checkbox"/>

### 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	<input type="checkbox"/>				

### Company insurance:

Combined liability insurance:			
Provider	<input type="text"/>		
Policy number	<input type="text"/>	Expiry Date	<input type="text"/>
	Public liability cover (£):		<input type="text"/>
	Employers liability cover (£):		<input type="text"/>
	Professional indemnity Cover (£):		<input type="text"/>

<b>Other Schemes</b>	
Are you a member of Competent Person Scheme (CPS)	Yes / No
Name & membership number of CPS:	
Are you a member of PAS2030 Scheme	Yes / No
Name of PAS2030 Scheme provider:	
Have you ever had certification withdrawn or suspended:	Yes / No
Have you ever had an unsuccessful application for certification/registration:	Yes / No
Do you have any nonconformities, improvement actions or open complaints with their current scheme provider:	Yes / No
Are there any open or pending legal action against your company in relation to the scope applied for:	Yes / No
If the answer to any of the above items is "yes" please provide details below or attach further information:	
Are you a member of Trade Association(s)	Yes / No
Name of Trade Association(s)	
Are you a member of an approved fabricator scheme(s)	Yes / No
Name of Fabricator Scheme(s)	

**Declaration:**

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

**Additional Information for Installation Companies only:**

Self-certification of notifiable works (CPS - replacement windows and/or doors in dwellings and non-dwellings) is provided by agreement with NAPIT. CORGI Fenestration installation companies will also become NAPIT registered. If you require CPS you will need to complete a NAPIT form which we will provide.

**CORGI Fenestration Scheme**

Your company name and the status of your company will be automatically made public as will the content of any Rate your Installation reviews that are received. Successful applicants will be listed on [www.corgifenestration.co.uk](http://www.corgifenestration.co.uk). Details will be shared with relevant scheme administrators and other parties as described in the CORGI Fenestration scheme rules\*.

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\*.

**Declaration:**

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.

I have read, understood and agree on behalf of the company named in this application to abide by the relevant CORGI Fenestration Scheme rules\* and Code of Conduct (COC) and all documents referred to therein. I understand that I may be asked to provide further information in order to progress with this application.

*\*for CORGI Fenestration scheme rules and COC please visit [www.corgifenestration.co.uk](http://www.corgifenestration.co.uk)*

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.

**The completed application form 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 Application fee plus the Initial Audit fee plus VAT.

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