

APPLICATION FOR MEMBERSHIP

<p>SECTION A</p> <p>Ownership Details</p> <p><i>Please tick the box that applies to you</i></p>	<p>Sole Trader <input type="checkbox"/></p> <p>Partnership <input type="checkbox"/></p> <p>Limited Company <input type="checkbox"/></p>
<p>Applicant Details</p>	<p>Name _____</p> <p>Home Address _____</p> <p>_____</p> <p>_____</p> <p>E-mail address _____</p> <p>Date of Birth _____</p> <p>Position in the business (owner, director, partner) _____</p>
<p>Business Details</p>	<p>Name of Business _____</p> <p>Business Address _____</p> <p>_____</p> <p>_____</p> <p>Website _____</p> <p>Registered Office if a Limited Company _____</p> <p>_____</p> <p>VAT Registration Number _____</p>

Business Details Contd.

If you operate a Partnership or Limited Company, please supply the details of each Partner/Director

Name _____ Address _____ _____	Name _____ Address _____ _____
Date of Birth _____	Date of Birth _____
Name _____ Address _____ _____	Name _____ Address _____ _____
Date of Birth _____	Date of Birth _____

Social Media platforms used by you: Facebook Twitter
Other (please specify) _____

Contact Point for Liaison Officer

Name _____
Telephone Number _____

Employee Details

Number of employees in business _____

SECTION B

Please tick the box that best describes your business

- | | | | |
|-----------------------------|--------------------------|---|--------------------------|
| Alarms and Security Systems | <input type="checkbox"/> | Legal Services | <input type="checkbox"/> |
| Carpenter/Joiner | <input type="checkbox"/> | Car Valeting | <input type="checkbox"/> |
| Electrician | <input type="checkbox"/> | Computer Services | <input type="checkbox"/> |
| Garage/Motor Mechanic | <input type="checkbox"/> | Financial Services | <input type="checkbox"/> |
| Gardeners and Landscaping | <input type="checkbox"/> | Hairdressing | <input type="checkbox"/> |
| General Building Services | <input type="checkbox"/> | Photographic Services | <input type="checkbox"/> |
| Painter and Decorator | <input type="checkbox"/> | Architect | <input type="checkbox"/> |
| Paving/Tarmacking | <input type="checkbox"/> | Removals | <input type="checkbox"/> |
| Plumber/Heating Engineer | <input type="checkbox"/> | Bathroom/Bedroom/
Kitchen installers | <input type="checkbox"/> |
| Roofing | <input type="checkbox"/> | Glazing/Doors | <input type="checkbox"/> |
| Tiling | <input type="checkbox"/> | | |

Other, please specify _____

Do you have public liability insurance cover? Yes No

Please append a copy

Length of time traded in Dundee area? _____

SECTION C

Do you hold any licences, such as Consumer Credit or
Second Hand Dealer's Licence?

Yes

No

If "yes" please give details _____

Are you a member of any Trade Associations?

Yes

No

If "yes" please give details _____

Have you/fellow Director, or Partner, or the business had any
court action raised against you in the last 3 years?

Yes

No

If "yes" please supply details? _____

Have you/fellow Director, or Partner, the Partnership, or the Company:

Gone into Liquidation

Yes

No

Called in a receiver, or

Yes

No

Been wound up in the last 3 years

Yes

No

If "yes" please supply details _____

SECTION C Contd.

Have you or a fellow Director/Partner been:

Convicted of an offence, or Yes No

Partner in a Partnership convicted of an offence, or Yes No

A Director/Secretary/Controller of a company involving fraud or dishonesty Yes No

If "yes" please supply details _____

Do you have any recognised quality systems? Yes No

If "yes" please give details _____

SECTION D

Please enclose copies of all standard documentation, which you use in the course of the business. You will need to keep us informed of any changes you make to these. (Copies of blank invoices, receipts, licences and public liability insurance documentation).

SECTION E

Please provide a list of 20 of your previous customers (name & address) who will be contacted to obtain feedback on your service.

Declaration

I have read the terms and conditions of the Trusted Trader Scheme and on behalf of the named business agree to be bound by the rules, principles and aims of the scheme.

Full name of applicant (in BLOCK CAPITALS) _____

Signature _____

Date _____

Data Protection

The information provided by you will be held by Dundee City Council, Trading Standards and will be used to assist with the operation of the "Trusted Trader Scheme" and for the administration of the Acts enforced by Trading Standards in accordance with our notification under the Data Protection Act 1998. In terms of the Data Protection Act 1998, you are entitled to know what personal information Dundee City Council hold about you.

From time to time we may pass details to carefully selected third parties for marketing of the scheme. If you do not wish your details to be disclosed please tick this box.