



## THE GUILD OF BUILDERS AND CONTRACTORS

### Trusted Member Application

Full Name of Company, Firm or Individual:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

Number of Years Trading: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

VAT Registration Number: \_\_\_\_\_

Names of Directors or Partners:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Accountants:\_\_\_\_\_

Address of Accountant:\_\_\_\_\_

\_\_\_\_\_

Postcode:\_\_\_\_\_

Telephone Number:\_\_\_\_\_

Fax:\_\_\_\_\_

Email Address:\_\_\_\_\_

Name of Contact:\_\_\_\_\_

Name of Insurance Broker:\_\_\_\_\_

Address of Insurance Broker:\_\_\_\_\_

\_\_\_\_\_

Postcode:\_\_\_\_\_

Telephone Number:\_\_\_\_\_

Fax:\_\_\_\_\_

Email Address:\_\_\_\_\_

Name of Contact:\_\_\_\_\_

Details of Employers Liability Insurance Cover:

Insurance Company:\_\_\_\_\_

Address of Insurance Company:\_\_\_\_\_

\_\_\_\_\_

Postcode:\_\_\_\_\_

Policy Number:\_\_\_\_\_

Telephone Number:\_\_\_\_\_

Fax:\_\_\_\_\_

Email Address:\_\_\_\_\_

Details of Contractors All Risks Insurance Cover:

Insurance Company:\_\_\_\_\_

Address of Insurance Company:\_\_\_\_\_

\_\_\_\_\_

Postcode:\_\_\_\_\_

Telephone Number:\_\_\_\_\_

Fax:\_\_\_\_\_

Email Address:\_\_\_\_\_

We require the names and addresses of three referees who must be clients that you have worked for in the past twelve months. We require a brief description of the work carried out, the agreed contract price, the contract period and the completion date. None of the referees can be friends or relatives of you or any director or partner:

First Referee:

Name of Referee:

Address of Referee:\_\_\_\_\_

\_\_\_\_\_

Postcode:\_\_\_\_\_

Telephone Number:\_\_\_\_\_

Description of work carried out:\_\_\_\_\_

\_\_\_\_\_

Agreed contract price: £ \_\_\_\_\_

Contract period: \_\_\_\_\_

Completion date: \_\_\_\_\_

Second Referee:

Name of Referee:

Address of Referee: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Description of work carried out: \_\_\_\_\_

\_\_\_\_\_

Agreed contract price: £ \_\_\_\_\_

Contract period: \_\_\_\_\_

Completion date: \_\_\_\_\_

Third Referee:

Name of Referee:

Address of Referee: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Description of work carried out: \_\_\_\_\_

\_\_\_\_\_

Agreed contract price: £ \_\_\_\_\_

Contract period: \_\_\_\_\_

Completion date: \_\_\_\_\_

I confirm that all of the above information is correct and I understand the following:

1. All of the above referees and other contacts mentioned in this application form will be contacted.
2. I/We attach a cheque payable to "The Guild of Builders and Contractors" for £350.00. This sum includes the joining fee of £50.00 and the first year's subscription of £300.00 but of which include VAT. I/We understand that the first year's subscription of £300.00 will be returned if this application is not accepted.
3. I/We am required to prove continuing insurance cover annually.
4. I/We am required to provide three additional referees each year.
5. I/We will adhere to the Trusted Member Code of Conduct.
6. I/We understand that I/we may be liable to be prosecuted if any of the information given above is untrue.

Signed: \_\_\_\_\_

Full name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_