

SECTION C Contd.

Have you 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)

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, Environment Health and 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.



APPLICATION FOR MEMBERSHIP

SECTION A

Ownership Details

Please tick the box that applies to you

Sole Trader

Partnership

Limited Company

Applicant Details

Name _____

Home Address _____

E-mail address _____

Date of Birth _____

Position in the business (owner, director, partner) _____

Business Details

Name of Business _____

Business Address _____

Website _____

Registered Office if a Limited Company _____

VAT Registration Number _____

Business Details Contd.

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

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

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"/>	
Roofing <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 or the business had any court action raised against you in the last 3 years? Yes No

If "yes" please supply details? _____

Have you, 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 _____
