

APPLICATION FORM FOR MEMBERSHIP OF SBG LTD



I WISH TO OFFER INSURANCE FOR:

*special conditions apply

- | | |
|--|--|
| <input type="checkbox"/> DAMP | <input type="checkbox"/> PILE STABILISATION |
| <input type="checkbox"/> TIMBER | <input type="checkbox"/> LATERAL RESTRAINTS |
| <input type="checkbox"/> WALL TIES | <input type="checkbox"/> LINTEL STABILISATION |
| <input type="checkbox"/> MASONRY BEAMING | <input type="checkbox"/> STRUCTURAL WATERPROOFING* |
| <input type="checkbox"/> CRACK STITCHING | <input type="checkbox"/> CONCRETE REPAIRS* |
| <input type="checkbox"/> ROOFING | <input type="checkbox"/> UNDERPINNING* |

CONTACT NAME	
COMPANY NAME	
TRADING AS <i>(if different)</i>	
ADDRESS	
POST CODE	
TELEPHONE NUMBER	
FAX NUMBER	
EMAIL	
WEBSITE	
COMPANY REGISTRATION NO. <i>(if applicable)</i>	
REGISTRATION DATE	

ARE YOU A :	<i>(Please tick below)</i>
SOLE TRADER	
PARTNERSHIP	
PRIVATE LIMITED COMPANY (LTD)	
PUBLIC LIMITED COMPANY (PLC)	
OTHER <i>(Please specify)</i>	

ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT <i>(if different to trading address)</i>	
CONTACT NAME	
ADDRESS	
POST CODE	
TELEPHONE NUMBER	
FAX NUMBER	
EMAIL	
WEBSITE	

ADDITIONAL BRANCH ADDRESSES <i>(If applicable)</i> <i>(Continue on separate sheet if required)</i>	
CONTACT NAME	
ADDRESS	
POST CODE	
TELEPHONE NUMBER	
FAX NUMBER	
EMAIL	

DETAILS OF DIRECTORS/PRINCIPALS <i>(send any relevant certificates)</i>		
NAME	ADDRESS (HOME)	QUALIFICATIONS/EXPERIENCE

INSURANCE DETAILS		
	LIMIT	INSURER
PUBLIC LIABILITY		
EMPLOYERS LIABILITY		
PROFESSIONAL INDEMNITY		

TRADING DETAILS		
DATE COMMENCED TRADING:	MONTH:	YEAR:
MAIN MANUFACTURER/PRODUCT SUPPLIER:		

NAMES OF SURVEYORS AND THEIR QUALIFICATIONS/EXPERIENCE <i>(send any relevant certificates)</i>	
NAMES	QUALIFICATIONS/EXPERIENCE

STAFF DETAILS	
DO YOU EMPLOY YOUR OWN FULL TIME INSTALLATION/OPERATIVE STAFF?	YES/NO
ARE THE ABOVE STAFF ON YOUR COMPANY'S PAYROLL?	YES/NO

DECLARATION	
I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE PARTICULARS I HAVE GIVEN ON THIS FORM ARE CORRECT AND COMPLETE.	
DIRECTOR/PROPRIETOR:	
SIGNATURE:	
ON BEHALF OF:	
DATE:	

We enclose our last two years accounts (to cover three years trading).

These accounts should not be more than 12 months old. If the accounts relate to activities other than those applied for (eg. building work), please provide the approximate total value of these activities.

We enclose a copy of the guarantees we issue.

The registration fee is £84 which includes free membership for the balance of the first year and thereafter membership is £84 per year, payable from 1st January. Please forward a cheque for £84 with this application, which will be refunded in the event that you are not accepted. Alternatively, you can pay by BACS (details below) and email your application form.

Bank details for BACS payments:

Lloyds Bank
Sort Code: 30-98-56
Account No: 25587368
Name: Specialist Building Guarantees Ltd

Your membership fee covers:

- All literature
- Registration
- Inclusion on the SBG website for those ticked items where you are technically and financially approved
- Advice on model guarantees
- Admin costs

Shirley Priest

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Bucks
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