

Please print this form and return to: Scottish Decorators' Federation,  
 Castlecraig Business Park, Players Road, Stirling, FK7 7SH



WE CANNOT PROCEED WITH YOUR APPLICATION IF THE FORM IS NOT COMPLETED AND THE APPROPRIATE DOCUMENTS ENCLOSED.

Company name

Company address

Post Code

Tel No.

Fax No.

E-mail

Contact name

Position

Member of other Associations

Registration number

VAT number

Date formed

Date incorporated (Ltd. companies)

Do you have a current CIS5 or CIS6 certificate?

YES

NO

Tax certificate No.

Expiry date

If your firm does not qualify for the above provide a copy of your CIS4 Reg. card

### Directors/Partners/Owners Please give details of persons with a financial interest

Name 1

Name 2

Position

Position

Qualifications  
(including apprenticeship)

Date obtained

Qualifications  
(including apprenticeship)

Date obtained

Date obtained

Date obtained

Date obtained

Date obtained

No. of operatives employed

No. of apprentices employed

Contract Limits Minimum value £

Maximum value £

### Insurance Details

Insurance Type

Insurer

Policy No.

Cover £

Expiry date

Employers liability

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Public liability

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Other

.....

.....

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Is your company Quality Assured?

YES

NO

Categories of work your company undertakes:

New work

Housing Association

New Work

Ames Taping

Historic buildings

Commercial

Industrial

Sub-Contracting

Hospitals

Local Authorities

Special Finishes

Domestic

If yes, give details:  
Part

Approving Body

Reference No.

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**Areas of work:**

- |                     |                          |                     |                          |                   |                          |
|---------------------|--------------------------|---------------------|--------------------------|-------------------|--------------------------|
| Central Belt        | <input type="checkbox"/> | West Scotland       | <input type="checkbox"/> | East Scotland     | <input type="checkbox"/> |
| North West Scotland | <input type="checkbox"/> | North East Scotland | <input type="checkbox"/> | Highlands/Islands | <input type="checkbox"/> |
| Borders             | <input type="checkbox"/> | South West Scotland | <input type="checkbox"/> | Outside Scotland  | <input type="checkbox"/> |

**Proposer**  
Name

**Second**  
Name

Company

Company

Address

Address

Post Code

Tel No

Post Code

Tel No

Signature

Signature

## References

Name 1

Address

Tel No.

Name 2

Address

Tel No.

Name 3

Address

Tel No.

I hereby apply to join the Scottish Decorators' Federation and confirm that our company will abide by the Constitution and Rules of the Federation.

Signature

Date

Position