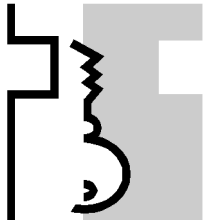


GUILD OF



KEYCUTTERS

GUILD OF KEYCUTTERS APPLICATION FOR MEMBERSHIP

Please complete this form in **BLOCK CAPITALS**, entering details in each box except where stated. Do not use "as above" etc or leave blanks but enter "N/A" for Not Applicable, or "None" if appropriate.

Office Use Only

SECTION ONE

Company Name

Company Address

County

Postcode

Trading Hours

Mon-Fri

(eg 0900-1730)

Sat

Sun

Variation

Telephone No.

Secondary Telephone No.

Facsimile No.

Premises (Tick one only)

Sole

Main

Branch

Number of Branches

(excluding Main premises)

Contact Title (e.g Mr)

Contact Forename Initial(s)

Contact Forename(s)

Contact Surname

Position in Company

Starting Date in Co.

SECTION TWO

Type of Premises (Tick as applicable) Retail Shop Workshop Office(s)
with Store(s) Yard
 Industrial Unit Mobile (equipped)
Holding (Tick one only) Rented Leasehold Freehold

SECTION THREE

Tick services as applicable

NOTE - All services ticked below MUST be carried out by yourselves and not subcontracted to others/bought in.

TYPES OF KEYS CUT

<input type="checkbox"/>	Cylinder	<input type="checkbox"/>	Radial Disc (e.g Abloy)
<input type="checkbox"/>	Lever	<input type="checkbox"/>	Dimple (e.g Kaba)
<input type="checkbox"/>	Precut	<input type="checkbox"/>	Tubular
<input type="checkbox"/>	Auto	<input type="checkbox"/>	Bridge Ward
<input type="checkbox"/>	Laser	<input type="checkbox"/>	Security
<input type="checkbox"/>	Tibbe	<input type="checkbox"/>	Safe
<input type="checkbox"/>	Keys cut to pattern		
<input type="checkbox"/>	Keys cut to locks (where no key is available)		
<input type="checkbox"/>	Keys cut to code		
<input type="checkbox"/>	Keys supplied to number		

LOCK SALES Do you sell locks? Yes/No

OTHER SERVICES CONNECTED WITH LOCKS AND KEYS

TYPE OF BUSINESS Is Key Cutting the main part of the business? Yes/No
If no, what is?

SECTION FOUR - Only required for Sole or Main premises

Type of Business (Tick one only) Sole Proprietor Partnership
 Limited Company Franchise
 Public Limited Company

Date Established

Company Registration No.

Place of Registration

VAT Registration No.

BS EN ISO 9000 No.

Insurance Broker Name

Broker Address

County

Postcode

Telephone No.

Facsimile No.

Insurer Name

Insurer Address (If known)

County

Postcode

Telephone No.

Facsimile No.

Insurance Cover Held
(Tick as applicable)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Employers Liability

Public Liability

Product Liability

Professional Indemnity

Fidelity Bonding

Loss of Keys

Amount

Amount

Amount

Amount

Amount

£

£

£

£

£

Other Cover Held

Amount

£

Amount

£

Do you have written Policy Statements' Health and Safety

Yes/No

Equal Opportunities

Yes/No

Auditor/Accountant Name

Auditor/Account Address	<input type="text"/>		
	<input type="text"/>		
County	<input type="text"/>		
Postcode	<input type="text"/>		
Telephone No.	<input type="text"/>		
Facsimile No.	<input type="text"/>		
Banker Name	<input type="text"/>		
Banker Address	<input type="text"/>		
	<input type="text"/>		
County	<input type="text"/>		
Postcode	<input type="text"/>		
Telephone No.	<input type="text"/>		
Facsimile No.	<input type="text"/>		
Total in Company (All Branches)			
Number of Staff	<input type="text"/>	Total	Analysed by principle duty
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
% of Turnover attributable to Key Cutting	<input type="text"/>		
Number of Institute (BLI) Members	<input type="text"/>		
BLI Members Registration Nos.	<input type="text"/>		
	<input type="text"/>		
Is the business a member of any other organisation?	<input type="text"/>	Yes/No	
If yes, name(s) of Organisation(s)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

SECTION FIVE - Trade References

Reference 1 Name

Reference 1 Address	<input type="text"/>
	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Telephone No.	<input type="text"/>
Facsimile No.	<input type="text"/>
Reference 2 Name	<input type="text"/>
Reference 2 Address	<input type="text"/>
	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Telephone No.	<input type="text"/>
Facsimile No.	<input type="text"/>

SECTION SIX

Applicant's Declaration - I, the undersigned, declare that the information given on this form is complete and accurate to the best of my knowledge and that it forms the basis of this application for Membership of the Guild of Keycutters. I understand that any false declaration may invalidate this application.

Furthermore, I agree to uphold the Codes of Practice and Byelaws of the Guild and of the Master Locksmiths Association.

Signed	<input type="text"/>
Name in Capitals	<input type="text"/>
On behalf of	<input type="text"/>
Date	<input type="text"/>

DATA PROTECTION ACT

Information given on this form will be held on computer as part of the MLA's Membership Database. All information given in Section Four is for MLA use only and will not be divulged to third parties. Other information may be supplied to third parties in furtherance of the MLA's objectives.