

TO BE COMPLETED BY THE APPLICANT

1. Name of Company/Firm:

Address:

Telephone No:

Fax No:

2. Registered Office Address:

3. Names and addresses of all Directors/Partners:

4. Date of Registration/formation:

Registration No:

State whether Public or Private :

Nominal and Paid Up Share Capital:

5. Name and Address of Insurance Brokers:

6. INSURANCES

Employers Liability Insurance:

Insurer:

Policy No:

Expiry Date:

Public Liability Insurance (Third Party):

**(Minimum £5,000,000)**

Insurer:

Policy No:

Expiry Date:

**(Please provide a copy of the Certificate of Insurance, not a copy of the policy, for each insurance held)**



12. Please ENCLOSE proof of registration with HM Revenue & Customs (HMRC) for the New Construction Industry Scheme (New CIS) including unique taxpayer reference (UTR). Individual partners in a firm should also provide National Insurance number (NINO).

13. Please ENCLOSE a fully completed copy of the KCC Environment and Regeneration Directorate Health & Safety Questionnaire.

The Health & Safety Questionnaire is issued as a separate form along with this application form. An additional copy may be obtained from the Jacobs Contracts Support Team on telephone 01622 666119 should this be necessary.

14. All companies must be quality assured, in accordance with BS EN ISO 9001 via a third party certification scheme accredited by the United Kingdom Accreditation Service (UKAS), or equivalent.

Please ENCLOSE a copy of your Quality Assurance Certificate and any/all appropriate Schedules.

Include details of accreditation to, or details of progress towards accreditation to, National Highway Sector Scheme 16

Signed:

Dated:

Position /Title: