

Date

| SECTION A: COMPANY I | DETAILS | | |
|---|---------------------|---------------|---|
| Companies Legal Title | | | |
| Trading as (if applicable) | | | |
| Managing Director name | | | |
| If part of a group, who is the Ultim | ate Holding Co | | |
| Company Registration Number | | | |
| VAT Registration Number | | | |
| UTR Number | | Status: | |
| PAYE Reference Number | | AO Ref: | |
| Main address | | Tel. No. | |
| | | Fax.No. | |
| | | | |
| | | | |
| | | | |
| Bank Name & Address | | | |
| | | | |
| Account number | | Sort Code | |
| Account name | | | |
| Are your invoices factored? | | Yes / No | |
| Factoring Name & Address | | | |
| | | | |
| Account number | | Sort Code | |
| What was your turnover in the pre | ceding three years? | Year 1 | £ |
| Please enclose a copy of your latest | published accounts | Year 2 | £ |
| | | Year 3 | £ |
| Geographical areas of operation | (please tick) | London & S.E. | |
| | | Midlands | |
| | | N. of England | |
| | | S.of England | |
| | | Wales | |
| | | Cent.Scotland | |
| Speciality of supply (ie Engineer, Carpenter, GW, Scaffolder, White | | | |
| Collar etc) | | | |
| OFFICE USE ONLY: | | | |
| Section Approved: Yes / No | Signed: | Date: | |



Date

| SECTION B: BUSINESS & PROFESSIONAL STANDING | | |
|---|---|-----------|
| | | |
| Does the company comply with the Conduct of Employment Ag | jencies Regulations? | |
| | Yes / No | |
| Does the company comply with the Employment Businesses R | egulations? | |
| | Yes / No | |
| Does the company comply with the Agency Workers Regulation | ns? | |
| | Yes / No | |
| Does the company comply with the Employment Agencies Act? | ? | |
| | Yes / No | |
| Does the company comply with the Working Time Regulations? | ? | |
| | Yes / No | |
| Does the company comply with Data Protection Act? | | |
| | Yes / No | |
| Has the company or any of its Directors/Officers been the subj | ect of criminal or civil court ac | tion |
| (including bankruptcy or insolvency) | | |
| | Yes / No | |
| Are the company or any of its Directors/Officers subject to ong | Joing or pending criminal or civ | vil court |
| action (including bankruptcy or insolvency) | | |
| | Yes / No | |
| Has the business (or any of its Directors/Officers been investig | Jated, prosecuted, convicted, o | r been |
| the subject of other enforcement action taken within the last fi | ive years for bribery or corrupt ⁱ | ion? |
| | Yes / No | |
| Has the business carried out a risk assessment to consider wh | nether you are at risk of bribery | 1? |
| | Yes / No | |
| Does the business meet it's statutory tax obligations in relation | i to PAYE/VAT/CIS? | |
| | Yes / No | |

| Section Approved: Yes / No Signed: | Date: |
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| SECTION C: WORKERS | | | |
|---|--|----------|--|
| Please indicate whether the work | ers you supply are paid via | | |
| a) Payroll (PAYE) | Please provide sample contract | Yes / No | |
| b) CIS Subcontractors | Please provide sample contract | Yes / No | |
| c) Other (please describe) | Please provide sample contract | Yes / No | |
| Does the company comply with If | R35 and freelance tax status checks | Yes / No | |
| Has you company been the subje Asylum and Nationality Act 2006 | ct of court action under the Immigration, as amended 2008 | Yes / No | |
| Do you make checks to verify all workers are entitled to work in the UK? | | Yes / No | |
| Do you have a Preventing Illegal Working policy? If Yes please provide a copy | | Yes / No | |
| Do you have a Modern Slavery po | licy ? If yes please provide a copy | Yes / No | |
| Do payments to your workers cor National Living Wage legislation? | nply with the National Minimum Wage / | Yes / No | |
| Has your business signed up to t Authority's Construction protoco | - | Yes / No | |
| Does the business meet the requ relation to the Equalities Act 2010 | irements of the positive equality duties in)? | Yes / No | |

| Section Approved: Yes / No | Signed: | Date: |
|----------------------------|---------|-------|
|----------------------------|---------|-------|



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| SECTION D: INSURANCE | | |
|----------------------------------|--------------|--|
| Employers Liability Insurance | Insurer | |
| | Policy No | |
| | Expiry Date | |
| | Cover Amount | |
| Public Liability Insurance | Insurer | |
| | Policy No | |
| | Expiry Date | |
| | Cover Amount | |
| Contractors All Risks Insurance | Insurer | |
| | Policy No | |
| | Expiry Date | |
| | Cover Amount | |
| Professional Indemnity Insurance | Insurer | |
| | Policy No | |
| | Expiry Date | |
| | Cover Amount | |
| Product Liability Insurance | Insurer | |
| | Policy No | |
| | Expiry Date | |
| | Cover Amount | |

| Section Approved: Yes / No | Signed: | Date: |
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Date

| SECTION E: ACCREDITATION | | |
|---|-----------|--|
| Please provide details of any Third Party memberships for the business (or any key staff) | | |
| (such as Constructionline, REC, ALP, ASPCo, ISO 9001) | | |
| | Member No | |
| | Expiry | |
| | Member No | |
| | Expiry | |
| | Member No | |
| | Expiry | |
| | Member No | |
| | Expiry | |
| | Member No | |
| | Expiry | |
| | Member No | |
| | Expiry | |
| | Member No | |
| | Expiry | |
| | Member No | |
| | Expiry | |
| | Member No | |
| | Expiry | |

| Section Approved: Yes / No | Signed: | Date: |
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| SECTION F: CONDITIONS OF ENGAGEMENT | | |
|--|----------|--|
| Please indicate whether you agree to the following: | | |
| You gain authorisation prior to further subcontracting supplies to a third party labour provider, and provide relevant details | Yes / No | |
| You ensure that any travel and subsistence arrangements between the worker and yourselves complies with HMRC | Yes / No | |
| You agree not to use any offshore intermediaries | Yes / No | |
| You can provide, if requested, evidence of submitted reports to HMRC in accordance with employment intermediary reporting requirements | Yes / No | |
| You can provide, if requested, evidence of VAT And PAYE returns filed and payments made to HMRC | Yes / No | |
| You provide prior to a worker attending site, details of the worker's name and evidence of rights to work in accordance with HMRC guidance | Yes / No | |
| You can provide, if requested, a copy of the worker's pay slip | Yes / No | |

Agency Represenative Name

Agency Respresentive Signature

Date

| Section Approved: Yes / No | Signed: | Date: |
|----------------------------|---------|-------|
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