

CSCA Service Provider Registration Form 2019 - 30th April 2020



Company: _____

VAT Reg. No: _____

Number of employees directly concerned with closed systems:

- Sole trader
 Up to 5 employees
 Up to 10 employees
 Up to 50 employees
 More than 50 employees

Contact Name: _____ Mobile N^o: _____

Contact Address: _____

Tel. N^o: _____ Fax N^o: _____

Email: _____

Website: _____

Invoice Address (if different from above): _____

Regions of operation: (tick all that apply)

- East Midlands
- Eastern Region
- Eire
- London
- North East
- North West
- Northern Ireland
- Scotland
- South East
- South West
- Wales
- West Midlands
- Yorkshire & Humberside

| | |
|---------------------------------------|---|
| Categories x _____ @ £500 each | £ |
| Plus vat @ 20% | £ |
| TOTAL | £ |

Please tick the category that your company offers: Maintenance Water Treatment Pre Commission & Remedial Cleaning

Do you have any relevant accredited Quality Assurance system? _____

QA details: _____

STATEMENT OF UNDERTAKING

I understand that registration will be subject to:

- a commitment to produce evidence of documented management procedures to ensure compliance with the CSCA's Code of Practice.
- maintaining the CSCA Service Standards criteria for each service offered, relevant to our CSCA registration.
- informing the CSCA of any impending legal action, relating to closed systems, involving the company named above.
- acknowledging and agreeing to the CSCA Bylaws and CSCA Complaints and Disciplinary Procedure.

Please sign and date this form and keep a copy of this sheet for your records.

Signed on behalf of (Company): _____

Signature: _____

Print Name: _____

Position held: _____ Date: _____