



a member of **SSIP** SAFETY SCHEMES IN PROCUREMENT

REGISTRATION APPLICATION FORM

APPLICANT DETAILS

Company Name: _____

Registered Address: _____

Telephone: _____

Email: _____

Person Responsible for H&S Management: _____

How did you find out about Safe-T-Cert? _____

COMPANY DETAILS

Legal Status: _____
Eg. Limited Company, Plc Company, Sole Trader. Please give details.

Date of Formation: _____

Company Number (If Applicable): _____
(From the Registrar of Companies)

VAT Registration No.: _____

TURNOVER

Please tick appropriate box

Size	Turnover €	Application Fee €	VAT@23% €	TOTAL €
<input type="checkbox"/> Small (A)	0–1,270,000	79.50	18.29	97.79
<input type="checkbox"/> Small (B)	1,270,000–6,350,000	132.50	30.48	162.98
<input type="checkbox"/> Medium	6,350,000–19,050,000	270.30	62.17	332.47
<input type="checkbox"/> Large	19,050,000–38,100,000	402.80	92.64	495.44
<input type="checkbox"/> Very Large	38,100,100+	540.60	124.34	664.94

OVER



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PAYMENT METHOD

Please indicate your method of payment by ticking the relevant box

BACS

BACS Payment of € _____ has been transferred to:
Sort Code: 93 10 12
Account Number: 07253539
Bank Name: AIB
Branch Address: 1 – 4 Lower Baggot Street

Cheque

I enclose my cheque for € _____ made payable to **Safe-T-Cert**

DECLARATION

On behalf of the above company, I confirm that the above information is correct and I request that the company be registered with the Safe-T-Cert Scheme. I confirm that I agree to comply with the Rules of the Scheme.

NAME (Print): _____
(Principal or Director)

SIGNED: _____

DATE: _____

Please return your application, along with your most recent Verification of Turnover to:

Safe-T-Cert
Construction House
Canal Road
Dublin
D06 C6T2

If you **do not** wish to be contacted about membership to CIF, please tick this box.