

**BUY WITH CONFIDENCE
APPLICATION FORM**



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|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Your Name: | |
| Position in Business: | |
| Name of Business Applying: | |
| | (If Ltd, Company or Plc, please enter full Company name) |
| Trading Name(s): | |
| How long have you been trading under this name? | |
| Previous Trading Names: (where applicable) | |
| Type of Business: | <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> PLC |
| Nature of Business: (ie. What you do) | |
| Business Telephone Number: (including dialling code) | |
| Business Fax Number: | |
| Business Email Address: | |
| Web Site Address: | |

Limited Companies and PLCs ONLY

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|---------------------------|--|
| Director(s): | |
| Company Secretary: | |

Partnerships ONLY: Please list all partners in the business

| | | | | |
|--------------------------|-------------------|--|--|--|
| Name of Partners: | | | | |
| Address: | Building Name: | | | |
| | Door No and Road: | | | |
| | Village/Area: | | | |
| | Town/City: | | | |
| | County: | | | |
| | Post Code: | | | |

Head Office or Registered Office Address:

| | |
|---------------------------|--|
| Building Name: | |
| Door No. and Road: | |
| Village/Area: | |
| Town/City: | |
| County: | |
| Post Code: | |
| Telephone: | |
| Mobile: | |
| Fax: | |
| Email: | |

Principal place of business: Yes No

Show on web site entry: Yes No

Additional Business Premises: Please list all premises where your company operates

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|--------------------------|--|
| Building Name: | |
| Door No and Road: | |
| Village/Area: | |
| Town/City: | |
| County: | |
| Post Code: | |
| Telephone: | |
| Mobile: | |
| Fax: | |
| Email: | |

Principal place of business: Yes No

Show on web site entry: Yes No

How many people work for your company?:

Do you use sub-contractors?: Yes No

Do you generate sales by cold calling? Yes No

Company contact for application queries:

| | |
|-------------------------------------------------------|--|
| Contact Name: | |
| Position: | |
| Telephone: | |
| Email: | |
| Please list any Trade Association Memberships: | |
| Expectations of the Scheme: | |

Please submit this form **only if**:

- You have read the **Terms of Membership** and agree to abide by them.
- You are **authorised** to make this application and the following declaration on behalf of the business/persons named.

**Data Protection Act 1998**

I agree that in determining this application the Trading Standards Service may request information about my business from other organisations, and I authorise those organisations to release such information. I also agree that this service may disclose details, on enquiry, about the status of our application.

The information requested on this form will enable us to carry out a range of background checks and to maintain an application or membership file. If your application is successful, the details will be kept throughout the duration of your membership. If your application is declined, or your membership ceases, the information will be retained for reference for up to six years thereafter.

Please note:

* By submitting this application form you have agreed that this service may make the enquiries listed below without breaching your rights under the Data Protection Act or other applicable legislation.

As part of the approval process, checks will be made on applicant's previous history in relation to (but not limited to) any of the following:

- Civil Court Judgements, (including County and/or Sherriff Court and Court of Session Judgements)
- Financial Checks
- Criminal Convictions
- Consumer Credit Licence (where appropriate)
- Membership of any claimed trade associations or professional bodies
- Trading Standards Services' own enquiry databases

I agree to abide by the Terms of Membership:

Yes No

| | |
|------------------|--|
| Name: * | |
| Position: | |

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| How did you hear about the BWC scheme? | |
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Where should the form be sent to?

This form will need to be sent to the Trading Standards service which covers the area in which you are based.

You can find the address by going to the following web page and finding your local authority:

<https://www.buywithconfidence.gov.uk/buy-with-confidence-local-authorities/>

If you cannot find your local authority on that page you can still apply to join the scheme. Please send your completed form to:

Buy With Confidence
c/o Devon & Somerset Trading Standards
County Hall
Topsham Road
Exeter
EX2 4QD

Or email it to: admin@buywithconfidence.gov.uk