



Please complete and return to:

National Laundry Group
PO Box 9256,
Nottingham, NG10 9BE
Phone 0115 919 0430

**Membership
Application**



Membership Application

Company Name

Trading Style
(if different)

Address

Registered Office

Please Tick Partnership Sole Trader Limited Company

Company Registration Number

VAT Registration Number

Please indicate which of these accreditations you have

ISO 9001

Date Achieved

Accreditation Body

Certificate Number

If you do not have this accreditation please indicate whether you intend applying and if so give a reason.

I intend working towards this accreditation Date

If you do not intend having this accreditation please give a reason



Membership Application

Company Name

ISO 14001

Date Achieved

Accreditation Body

Certificate Number

If you do not have this accreditation please indicate whether you intend applying and if so give a reason.

I intend working towards this accreditation Date

If you do not intend having this accreditation please give a reason

Investors in People

Date Achieved

Accreditation Body

Certificate Number

If you do not have this accreditation please indicate whether you intend applying and if so give a reason.

I intend working towards this accreditation Date

If you do not intend having this accreditation please give a reason

Other accreditations held. *Please give details below.*



Membership Application

Company Name

Turnover History

Last 5 years (year one being the last complete financial year.)

| Turnover | Notes |
|----------|-------|
|----------|-------|

Year 1

Year 2

Year 3

Year 4

Year 5

Please give the names of Partners/Directors/Owners

Do you have a written Health & Safety Policy? Yes No

Please give the name of the person responsible for the above policy.

Do you have formal training records? Yes No

Please give the name of the person responsible for the above policy.



Membership Application

Company Name

Please state the value of your Public Liability insurance £

Please state the value of your Employee Liability insurance £

Please state the value of your Product Liability insurance £

I conform that the information given, contained in this document is accurate and confirm that I undertake to advise of any material changes.

Signed

Position

Date