

PARAMOUNT **CONTRACT** FLOORING LIMITED
Sub-Contractor Application Form

YOUR DETAILS

Forename:

Surname:

Date of Birth: (dd/mm/yy)

Gender:

<input type="text"/>	<input type="text"/>
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Nationality:

TRADE DETAILS:

Trading As:

Trading Address:

Home Tel:

Mobile:

Email Address:

STATUS:

<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company
<i>Delete as appropriate</i>		

Are you VAT Registered?

Yes/No

Sole Trader Details:

Registered UTR No.	
Nat. Ins. No.	

Partnership Details:

Registered UTR No.	
Registered Name.	
Nat. Ins. No.	

CSCS STATUS:

CSCS Reg. No.	
CSCS Expiry Date.	

Please attach a copy of your valid CSCS card/confirmation.

INSURANCE DOCUMENTATION:

Public Liability: cover to value of:	
Employers Liability: cover to value of:	
Other: <i>(please give details)</i>	

Please attach copies of valid insurance certificates.

TYPES OF FLOORING:

	Tick all applicable
Hard Wood	
Laminate	
Traditional Carpet	
Vinyl/sheet tile	

YOUR TEAM:

Please give details of the number of sub-contractors, and any transport you can provide.

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PREVIOUS EXPERIENCE AND SKILLS:

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Please give details of the last three projects you have worked on

<i>Company:</i>	<i>Products installed:</i>	<i>Duration:</i>

Details of any other training/qualifications obtained

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