

This application must **only** be completed by companies or self-employed persons wanting to apply to join APHC Licensed Membership. Please fill in this application form in CAPITAL LETTERS using black ink and return with all supporting documents to:

APHC Ltd, 12 The Pavilions, Cranmore Drive, Solihull B90 4SB.

If you require help in completing this form please call the membership sales team on: **0121 711 5030**

Your contact details

Main Contact Name

Company Name

Address inc Postcode

Website address

Telephone number



Fax number

Mobile number



Email address

*Please indicate (✓) which of the above telephone numbers you wish to make your primary contact number

Type of Business

Sole Trader

Partnership

Limited Company

PLC

Company Registration No

Please indicate here the length of time that the business has been trading

The number of plumbing/heating employees in the business

Lead operative qualifications (tick **only** one box as appropriate)

Are you applying for membership via ROUTE A or B?

ROUTE A

By plumbing, heating & ventilating, refrigeration & air conditioning or gas fitting qualification (*minimum NVQ level 2 or City & Guilds Craft Certificate*)
(a copy of the certificate MUST be included with this application)

ROUTE B

By experience based on the inspection of 2 jobs and questioning by our field staff
(you MUST complete the work experience profile on page 4)

Additional business information required (please tick to confirm the following)

A current copy of the business public liability insurance certificate outlining a minimum £2M cover has been provided

A copy of the business employer's liability insurance certificate (where staff are employed), insert N/A if you are a sole trader has been provided

A letterhead or other business stationery item used with customers showing clear business contact details has been provided

I have read and understood how APHC Ltd. manages personal data.
(Data Privacy notice available at www.aphc.co.uk/data-privacy-notice)

I declare that to the best of my knowledge all the information submitted is correct. I fully understand that the submission of any misleading information will jeopardise my membership. I confirm that all certificate copies provided are from the original and that copies of all supporting information ticked are attached to this application. I agree to comply at all times with the APHC Membership Rules and APHC Terms and Conditions of Business which have been read and understood.

Signature

Print Name

Position

Date

APHC Licensed Membership Scheme Fees *(please tick here to confirm your fee/payment method)*

Non-refundable Initial Application Fee *(tick only one box as appropriate)*

Note: This Initial Application Fee is non-refundable and must be paid for by Credit/Debit card or cheque

ROUTE A – Initial Application Fee (qualification based application) of **£50.00 + VAT** (£60 incl. VAT)

or

ROUTE B – Initial Application Fee (experience based application) of **£200.00 + VAT** (£240 incl. VAT)

Annual Membership Fee *(tick only one box as appropriate to your company's annual turnover)*

Turnover less than or equal to £250,000 per annum
~~£445.53 + VAT (£534.63 inc VAT)~~ £400.98 + VAT (£481.17 inc VAT) for first year

Turnover less than or equal to £750,000 per annum
~~£765.42 + VAT (£918.51 inc VAT)~~ £688.88 + VAT (£826.65 inc VAT) for first year

Turnover equal to or up to £3,000,000 per annum
~~£1,002.96 + VAT (£1,203.56 inc VAT)~~ £902.66 + VAT (£1,083.20 inc VAT) for first year

Turnover in excess of £3,000,000 per annum
~~£2,058.71 + VAT (£2,470.46 inc VAT)~~ £1,852.84 + VAT (£2,223.41 inc VAT) for first year

Payment Method *(tick only one box as appropriate)*

Annual Membership Payment by Credit/Debit Card
Please complete credit/debit card section below

Annual Membership Payment by Cheque
Please enclose cheque

Monthly payment by Direct Debit
Please complete direct debit instruction below

If paying for annual membership this will be taken/should be forwarded as part of the application.

This Payment will be refunded if the application is rejected. Direct Debit Payment will not be taken until the application is approved.

Cheques should be made payable to APHC Ltd. Alternatively, please complete the Credit/Debit Card or Direct Debit payment sections.

Total payment included with this application form is

£

Payment by Credit/Debit Card

Please debit my MasterCard / Visa / Switch / Delta or Solo the sum of

£

Card Number

Issue Number

Expiry Date

Start Date *(if shown)*

Security Code *(3 digits on back)*

Card Holder's Name
(as it appears on the card)

Print

Card Holder's Signature

Sign

Date

Issued By: Graeme Dryden | Approved By: John Thompson | Issue Date: 1/1/2020 | Revision: 7.1

Payment by Direct Debit (please fill in the whole form using a ball point pen and send it to the address at the bottom of this form)

Instructions to your bank or building society to pay by Direct Debit



Name (s) of account holder (s)

Originator's identification number

9 4 0 2 9 6

Bank or Building Society account number

Reference Number

Bank Sort Code

Please pay APHC Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this information may remain with APHC and, if so, details will be passed electronically to my bank or building society.

Name and full postal address of your bank or building society

Signature (s)

To: The Manager Bank or building society

Address:

Date:

Banks and building societies may not accept Direct Debit Instructions for some types of accounts

This guarantee should be detached and retained by the payer.



The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit APHC will notify you 10 working days in ADVANCE of your account being debited or as otherwise agreed. If you request APHC to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your direct debit, by APHC or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. – If you receive a refund you are not entitled to, you must pay it back when APHC Certification Ltd asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Work Experience Profile (*only complete this part of the form if applying for membership via ROUTE B*)

Lead operative

First Name Surname No of years working in the industry

What areas of work are normally carried out? (*tick as appropriate*)

- | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Bathrooms/sanitation equipment | <input type="checkbox"/> Electrical work associated with plumbing & heating |
| <input type="checkbox"/> Heating and hot water systems | <input type="checkbox"/> Sheet leadwork |
| <input type="checkbox"/> Gas fired combustion | <input type="checkbox"/> Recycled water systems – rainwater & grey water |
| <input type="checkbox"/> Oil fired combustion appliances | <input type="checkbox"/> Heat pumps – ground source and air source |
| <input type="checkbox"/> Solid fuel combustion appliances | <input type="checkbox"/> Solar thermal |
| <input type="checkbox"/> Air conditioning/refrigeration/ventilation | <input type="checkbox"/> Biomass eg pellet burners |

Other (*please specify*)

Does the work carried out include the following? (*tick as appropriate*)

- | | | | |
|--------------------------------------------|--------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Designing systems | <input type="checkbox"/> Installation of systems | <input type="checkbox"/> Service & maintenance of components | <input type="checkbox"/> Commissioning of systems |
|--------------------------------------------|--------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|

Detail here any relevant training/short courses that have been carried out that could support your application (*please attach copies of certificates*)
