

Building Service Contractors of New Zealand Inc.

Membership Application Form

Please complete this form to the fullest possible extent and return to BSCNZ, PO Box 31-067, Lower Hutt 5040. We will contact you if any further information is required

Name of business.....

Trading
as.....

Postal Address.....

Street Address.....

Telephone Number..... Facsimile Number.....

Mobile Number..... E Mail address.....

If a Company or Partnership please state Directors and Management

.....
.....
.....

Name of person responsible for the day to day running of the business

.....
.....

Name of Company Representative to BSCNZ.....

Please list the building services offered.....

.....
.....

If this includes cleaning please indicate the **class of cleaning** work undertaken (please tick)

Commercial/Retail Industrial Health Sector

Education Sector Hospitality Domestic

Other (please specify).....

Services Undertaken

General Cleaning

Carpets/Upholstery

Windows

Exterior Pressure Washing

Other (please specify).....

1. Qualifications and experience

(a) Please list qualifications and experience (Ref. To Membership Criteria Brochure)

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(b) How many years experience has the applicant had in the building service industry?.....

(c) What is the applicant's background in the building service industry, including experience in the management area?

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(d) How many years immediate past experience has the applicant had in the management area, and for what Company or Companies?

Supervisor.....years Site Manager.....years Contracts Manager.....years

(e) Name of Company/Companies

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.....
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(f) How many years proven management experience has the applicant had and what, if any, management courses have been undertaken.

Experience.....years Courses.....

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(g) What staff is employed:

Management..... Supervisors..... Operatives - Full Time.....

Operatives - Part Time.....

Note: A Full Time employee is one who is employed for 30 or more hours per week.

(h) Name previous employers.....
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Note: Please attach copies of such supporting documents held in relation to qualifications and previous employment. In the case of Companies or Partnerships the attainments of the principal or the nominated Executive Officer are required.

NOTE:

The information contained in this section of the Application Form together with the supporting documents is collected purely in order to ascertain the financial viability of the applicant. This information will not be released to any other party.

2. Financial

(a) When did the business commence?.....

(b) What is the paid up capital of the Company: \$.....

(c) Give full details of all shareholdings in the Company.....
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.....
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.....
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(d) Please complete a Gross Annual Turnover form for the year ended 31 December last for activities covered by membership (copy enclosed)

(e) Please provide the names of two suppliers from whom the company purchases equipment and/or chemicals on a regular basis.

Company.....

Name of contact
person.....

Company.....

Name of contact
person.....

Note: A reference from the applicant’s Bank Manager should be attached to this application. The reference should state the length of time the applicant has been associated with the Bank. **Information relating to the Gross Annual Turnover will remain absolutely confidential to the Executive Director.**

3. Workmanship

(a) Please enter below details of two current contracts (**for inspection purposes**)

(i) Type of Building.....
Location.....
Customer’s Name.....
Customer’s Address.....
Name of Contact Person..... Mobile:.....
Date Contract commenced.....

(ii) Type of Building.....
Location.....
Customer’s Name.....
Customer’s Address.....
Name of Contact Person..... Mobile:.....
Date Contract commenced.....

(b) Please enter below details of two other clients for whom work has been carried out in the past (**for reference purposes**)

- (i) Name and address.....
 Contact Person.....Mobile:.....
- (ii) Name and address.....
 Contact person.....Mobile:.....

4. Declaration

4.1 Applicant

I/We agree:

- to be bound by the rules of the Association, the BSCNZ Code of Practice (copy attached) and to pay all dues.
- to the discussion of information about our company within the appropriate management committee in order to determine suitability to become a member of BSCNZ
- to the release of our company name to clients for the purposes of encouraging clients to use BSCNZ members.

I/We enclose/have provided:

- ? Evidence of the cover sum of the company's Public Liability Insurance policy
- ? Supporting documents for qualifications and previous employment
- ? gross turnover declaration
- ? code of practice declaration
- ? reference from bank manager
- ? referee contact details

Please do not include any money with your application. An appropriate invoice will be sent once the application has been considered.

Signature of applicant..... Designation.....

Date.....

Note: This section will be completed by the BSCNZ Branch Committee

4.2 Proposer/Seconder

I consider the applicant to be a fit and proper person for Membership of the Association.

Proposer..... Seconder.....

Date:.....

The proposer must be a fully financial member of the Association.