

INTERNATIONAL PROFESSIONAL SECURITY ASSOCIATION

APPLICATION FOR COMPANY MEMBERSHIP

COMPANY DETAILS

Registered Company name	:					
Trading name (if different):						
Company address:						
Company address.						
		.				
Tel. No.:	el. No.: Website:					
Fax:						
Is the Company a subsidiar	ry or part of another Compa	iny?				
If "Yes" who:						
Previous trading names:						
Please list any other branch	hes of the Company:					
Ticase list arry other brane.	nes of the company.					
Has the Company made a p	arovious application for mo	mbarahin?	If "Yes" when:			
	• •	·	ii res wiieii.			
Number of Employees: Full	Time:	Part Time:				
Commenced trading: Companies House		Estimated annual turnover: VAT registration number	£			
registration number:		(incl. EU companies):				
Company's Insurer, or Insu	rance Broker:					
Company's geographical a	rea of operation:					
☐ East England	☐ London (within M25)	☐ Midlands	☐ North West England			
☐ North East England	☐ Northern Ireland	☐ Scotland	☐ South East England			
☐ South West England	□ Wales					
☐ Ireland	☐ Europe (other than UK / Ireland)					
☐ North and / or South	☐ Africa	☐ Asia	☐ Australasia			
America						
Please state the Company's	s primary service offered:					
Please select all services o	ffered:	_	_			
☐ Static Guarding	☐ Patrol and Response	☐ Keyholding	☐ Door Supervision			
☐ Close Protection	☐ CVIT	☐ Vehicle Immobilisation	☐ Retail Security			
☐ Facilities Management	☐ Maritime Security - Dry Side	☐ Maritime Security - Wet Side	☐ Consultancy			
☐ Training	☐ Systems / Equipment	☐ Systems / Equipment	☐ Systems / Equipment			
☐ Business Software	Manufacturer ☐ Waste Destruction	Retailer Locksmiths	Installer / Servicing ☐ In-House Security			
- Dusiliess Sultwale	- Wasie Destruction	LOUNGITHUIS	Team			
☐ Penetration Testing	☐ Recruitment	☐ Screening	☐ Insurance			
Office use only:						
Date received	M	embership number				

DIRECTORS / PARTNERS / PROPRIETORS

All DIRECTORS / PARTNERS / PROPRIETORS of the company directly involved in the security business must complete a **PERSONAL INFORMATION** form (PI.1/1) and provide individual **CVs** which must be submitted together with this application.

COMPANY NOMINATED PERSON

In accordance with the IPSA Constitution, the person hereafter named on this application form, will have full voting

ghts.					
Full Name:					
Job Title:					
E-mail Address:					
All staff of your organisation are required to abide by the Association's Constitution, Rules and Ethical Code Of Conduct as a condition of Company Membership. These documents can be downloaded from the IPSA website.					
The Director, Partner, or, Proprietor named above is now required to sign the following declaration:-					
Application Statement: -					
being the person referred to in this application, by my ignature below, hereby certify:-					
That to the best of my knowledge, the information I have provided on this application form, is complete and correct and understand that misrepresentation of any of the facts I have now given, or my failure to disclose a relevant matter, will be deemed grounds for terminating this application for company membership. I understand that in the event of my application being unsuccessful, the joining fee is not refundable.					
I authorise the IPSA, to approach any government agency, or clients including the referees nominated on this form, to verify the information I have provided. I further hereby give my consent for the IPSA to conduct credit reference checks as they deem necessary, during the period of my membership.					
I agree that when the Company is accepted as a member, we will be bound by the Associations Constitution and Rules and accept the IPSA Ethical Code of Conduct and Code of Conduct as part of those rules.					
I agree to Company Member details being listed by the Association in IPSA publications and on the IPSA website.					
I understand that the personal data I have provided will now be processed and then retained in the manner prescribed. Further I understand that the Company may only use the IPSA logo for commercial purposes, whilst it is the holder of a current "Certificate of Membership".					
have enclosed payment of the initial Joining fee & Annual Subscription.					
I further undertake to pay all future Annual Fees as determined by the International Council and I understand that if I choose to relinquish membership part way through a membership year, fees are not refundable. I understand that where an IPSA Inspection is required, I will be invoiced for the Inspection. Details of Inspection Fees are listed on the IPSA website www.ipsa.org.uk or can be obtained from the Association office.					
Signed Date					

FAILURE TO PROVIDE ANY OF THE INFORMATION REQUESTED ON THIS APPLICATION FORM MAY LEAD TO NON-ACCEPTANCE OF YOUR APPLICATION FOR MEMBERSHIP IN ACCORDANCE WITH THE PROVISIONS OF THE ASSOCIATION'S CONSTITUTION AND RULES.

THE INTERNATIONAL COUNCIL HAS THE RIGHT TO REFUSE OR DEFER ANY APPLICATION WITHOUT ASSIGNING ANY REASON. THE ASSOCIATION FURTHER RESERVES THE RIGHT TO IMMEDIATELY TERMINATE MEMBERSHIP SHOULD IT LATER BE FOUND THAT ANY INFORMATION GIVEN IN THIS APPLICATION FORM WAS MADE KNOWING IT TO BE INCORRECT OR TO BE A FALSE STATEMENT.

QUALITY STANDARDS

UK companies are required to provide evidence that they comply with the recommendations of the relevant British Standards for their sector, e.g. BS 7499 & BS 7858 for guarding activities, and the IPSA ethical codes of conduct, as well as any insurance, training or other association requirement. Evidence of compliance with British Standards is by annual inspection either by the IPSA Inspectorate or a UKAS accredited inspection body.

	ne following UKAS accredit	·	
☐ SSAIB	□ CCAS	☐ BSI	
□ NSI	☐ ISOQAR		
	dited inspection body – Pleas	e specify:	
•	electing an inspection body		
Or We require on inco	action by the IDCA Increators	240	
	ection by the IPSA Inspector	ate e British Standards (e.g. trainir	ag company)
□ we are applying in	om a sector with no applicable	e British Standards (e.g. trailii	ig company)
We are inspected to the	ne following standards:		
☐ Security Industry A	uthority's Approved Contracto	or Scheme (ACS)	
☐ ISO 9001			
☐ BS 7499	☐ BS 7858	☐ BS 7872	☐ BS 7958
☐ BS 7960	☐ BS 7984-1	☐ BS 8406	☐ BS 8507-1 / BS 8507-2
☐ BS 8517-1	☐ BS 8517-2	☐ BS 8549	☐ BS 102000
☐ BS EN 15713	☐ BS EN 16082	☐ BS EN 16747	☐ BS EN 15713
Other:	Other:	Other:	Other:
standards for the countr or other association req We are inspected by:	ies where they operate, and th	ired to provide evidence that the IPSA ethical codes of condu	ney comply with the relevant industry uct, as well as any insurance, training
☐ Please specify insp	ection body:		
☐ We are currently se	electing an inspection body		
We are inspected to th ☐ ISO 9001	ne following standards:		
☐ EN 15713	☐ EN 16082	☐ EN 16747	☐ EN 15713
☐ Other:	☐ Other:	☐ Other:	☐ Other:
Other:	Other:	Other:	Other:
☐ We are applying from	m a sector with no applicable	industry standards	
,	• •	•	
	ITEMS TO BE RETU	JRNED WITH APPLI	<u>CATION</u>
1. Details of at least	FOUR Client Companies to	whom IPSA can apply for refe	rences
2. C V 's for each D	irector, Partner or Proprietor	directly involved in the security	

SUBSCRIPTION FEES

Please check our website: www.ipsa.org.uk or contact the IPSA office for current membership and inspection rates.

Please enclose payment for the Joining Fee and Annual Subscription with your application form.

Payments can be made to the Association by the following methods:

- Cheque (made payable to IPSA)
- Credit / debit card
- BACS payment
- A sterling draft drawn on a bank in the United Kingdom
- International Money Order (drawn in sterling)

We regret that currencies other than pounds sterling can not be accepted due to bank charges involved.

Please note:

- Joining fees are payable on application and are not refundable.
- Inspection is not included in subscription fees and where an IPSA inspection is required, this will be invoiced separately. Inspection Fee costs are detailed on the IPSA website or available from the IPSA office.

Card payments (MasterCard / Visa / Switch / Maestro / Solo):						
I authorise IPSA to debit my credit/debit card the following amount:						
Card Number:	Start Date:	Expiry Date:				
Name on Card:	Issue No.:	CVV (Security) No.				
Signed:						
To assist our marketing, can you tell us where you heard about IPSA:						

PLEASE RETURN THE COMPANY MEMBERSHIP APPLICATION FORM AND ALL REQUESTED ITEMS TO:-

International Professional Security Association Railway House Railway Road Chorley PR6 0HW England

We recommend the use of recorded delivery or courier. Receipt of applications will be acknowledged within two weeks.