



Email: info@ccl-interiors.com

SUBCONTRACTORS FORM

1. Personal details EXPRESSION OF INTEREST FOR:

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Trading Name:	<input type="text"/>		<input type="text"/>

Address:

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

Postcode:

Home Telephone No. **Daytime Contact No.**

E-mail address:

National Insurance No.

<u>Driving Licence</u>	Yes	No
Do you hold a full, clean driving licence valid in the UK?		
<u>CSR Card</u> Please forward copy of CSR cards for all employees with this form		
<u>Insurance</u> Please attach your insurance with this form should you have no insurance 5% will be deducted from your wages to cover you under CCL Interiors Ltd insurance.		
<u>UTR Number</u>		
<u>VAT Reg No.</u>		

BANK DETAILS: A/C NO: SORT CODE:

****PLEASE NOTE NO PAYMENT WILL BE MADE UNLESS CSR CARDS & INSURANCE POLICY IS RETURNED WITH THIS APPLICATION FORM****