

# Affiliate Registration Application Form



Please complete in black ink and BLOCK CAPITALS

| Company contact details                                   |                 |                             |
|-----------------------------------------------------------|-----------------|-----------------------------|
| Forename:                                                 |                 | Surname:                    |
| Company name:                                             |                 |                             |
| Address:                                                  |                 |                             |
| Zipcode:                                                  |                 | Country:                    |
| Tel:                                                      |                 | Email:                      |
| Training facility details                                 |                 |                             |
| Name of Training Provider (if different to Company Name): |                 |                             |
| Company registration:                                     |                 | Nature of business:         |
| Address:                                                  |                 |                             |
| Zipcode:                                                  |                 | Country:                    |
| Tel:                                                      |                 | Email:                      |
| Website:                                                  |                 | Countries to be registered: |
| How do we contact you?                                    | Company details | Training facility details   |
| General correspondence:                                   |                 |                             |
| Company certificate:                                      |                 |                             |
| Train the painter enquiries from our website:             |                 |                             |
| Invoices:                                                 |                 |                             |
| Postal address to send ID Cards to (select one)           | Company address | Training facility address   |

I attach a copy of the index of our Company Quality Manual.

Attendance to Train the trainer course required for \_\_\_\_\_ trainers on \_\_\_\_\_(date) at £750 + VAT per person.

I agree to an audit of our training facilities every 3 years at a cost of £750 + VAT.

I have access to the equipment and facilities as specified in the Trainers Equipment Requirements checklist to conduct the practical training.

I have read and will abide by the Train the painter Code of Practice

I agree to register companies to the Train the Painter Scheme and charge the appropriate Certificate fees in accordance with the price schedule agreed with Corrodere Limited.

I agree to pay a Joining fee of £250 + VAT.

I agree to pay an Annual fee of £2750 + VAT.

I have attached a high resolution logo to be used on the corrodere.com website

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## INVOICE

Please send me an invoice ☐

Please send my company an invoice ☐

VAT number required for EU countries

If sending invoice to your company

Company Name

Company Address

Accounts contact name:

Email invoice to:

## Bank transfer details

Account Name: **Corrodere Ltd**

Sort Code: **60-02-49**

Account No: **80184472**

Swift Code: **NWBKGB2L**

IBAN: **GB96 NWBK 6002 4980 1844 72**

Bank Name: **National Westminster Bank Plc**

Bank Address: **Old Market Square, 3 London Street, Basingstoke, Hampshire, RG21 7NS, UK**

**Payment must be received prior to your course start date**

I declare the information provided on this form to be correct and a misrepresentation will result in registration being removed. I have read the Corrodere terms and conditions and agree to abide by the Train the painter Code of Practice. Please send a digital ID photo with application.

☐ Additional learning support (a member of the team will contact you to discuss).

Signature of Authorised Person:

Date:

**By post to: Corrodere Limited, Peel House, Upper South View, Farnham, Surrey, GU9 7JN, UK**

**By Email: [info@corrodere.com](mailto:info@corrodere.com)**

Data Protection: We would like to keep you informed of Corrodere Limited's products and services and may also from time to time make your details available to carefully screened companies who may be of interest to you. However, if you specifically do not wish your details to be used, please tick here:

## Office use ONLY

Company Code:

Affiliate Code:

Date of Application: