



## Insurances

Do you have liability insurance coverage?

Employers Liability

Public Liability

Professional Indemnity

Are you VAT Registered?

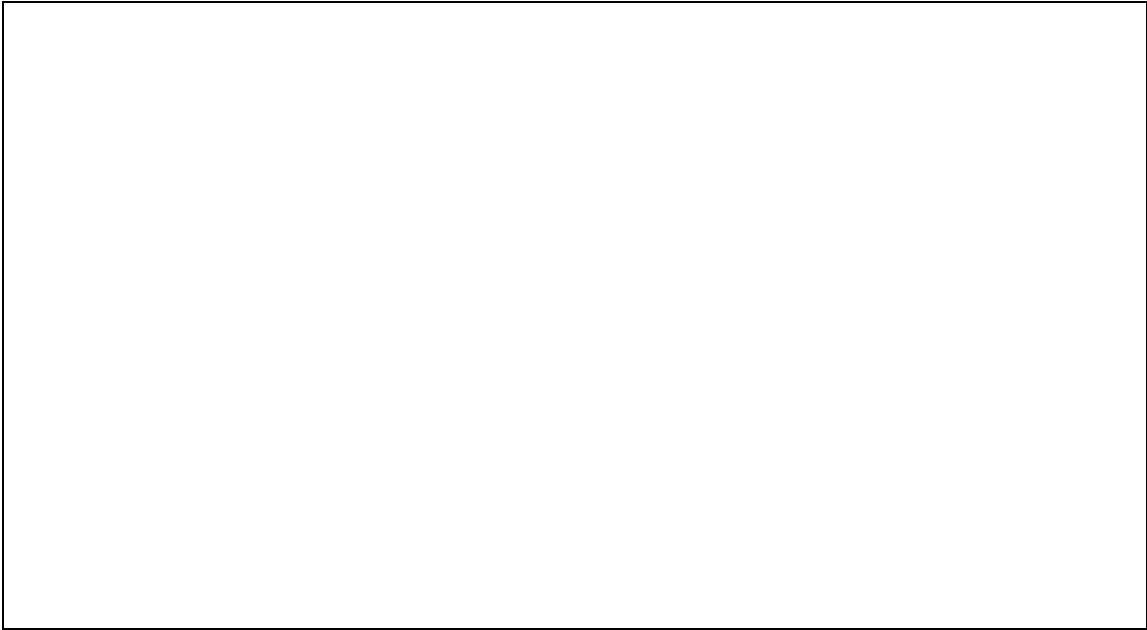
Yes/No

Please tell us a little about the work and service you supply  
Profile

Accreditations

Other Information



Year Business Started	Service Response Time

I/We hereby Agree to be bound by the rules of ITACS as required for membership

Date      \_ \_ / \_ \_ / \_ \_ \_ \_

Print Name   \_ \_ \_ \_ \_ .

Signed       \_ \_ \_ \_ \_ .

Position     \_ \_ \_ \_ \_ .

For and on behalf of" \_ \_ \_ \_ \_ .