



THE NATIONAL FEDERATION OF DEMOLITION CONTRACTORS LTD

[A Company Limited by Guarantee]

Resurgam House, Paradise, Hemel Hempstead, Hertfordshire, HP2 4TF

Telephone 01442 217144 Email: info@demolition-nfdc.com Web: www.demolition-nfdc.com

INDUSTRY SERVICE PROVIDER (ISP)
APPLICATION FOR MEMBERSHIP

PLEASE COMPLETE APPLICATION IN BLACK INK AND BLOCK CAPITALS AND RETURN TO RESURGAM HOUSE

For Office Use Only		Application No.	
Date Received at NFDC			
Checks Completed by H.Q.			
Date Application Forwarded to Membership Committee		Region	
Date Application Approved/Declined by Membership Committee		Approved	Declined
National Council/Executive Meeting Date		Approved	Declined

The Membership Committee may request further information regarding any section listed below.

1. GENERAL DETAILS

(a) Company Name in full and full address of company applying for Membership.

	Office Use Only
Company Name	
Contact Name	
Position in Company	
Address 1	
Address 2	
Postcode	
Telephone Number	
Fax Number	
Email	
Website	

(b) Address of Registered Office if different from (a).

Address 1	
Address 2	
Postcode	

(c) Please confirm the nature of your business:

IF A DEMOLITION CONTRACTOR PLEASE COMPLETE A “CORPORATE APPLICATION FORM”.

REFERENCE NUMBER	BUSINESS TYPE	Tick Appropriate Box
S1	Scaffolding Contractor	
S2	Asbestos Removal Contractor	
S3	Steeplejack	
S4	Air Conditioning Engineer	
S5	Attachment/Equipment Distributors	
S6	Plant Manufacturer	
S7	Insurance	
S8	Health & Safety Consultant	
S9	Scrap/Recycling	
S10	Waste Disposal	
S11	Plant Hire	
S12	Labour Agency	
S13	Drilling and Sawing All Operatives must hold CCDO Cards at Level 1 or above, in addition to the appropriate specialist equipment card, whilst working in the “Demolition Zone.” Copies of CCDO Cards must accompany this application.	
S14	Other (please enter details)	

(d) **Does the nature of your business involve works being carried out on a live Demolition Site? (Delete as appropriate)**

Yes / No

(e) PRINCIPAL ACTIVITIES/SERVICES OF THE COMPANY (brief description):

- (f) If the above company is a subsidiary company or a member of a group of companies, please state name of parent company or group of companies and their principal undertaking(s).

Name of Parent Company/Group		
Principal Undertakings(s)		

- (g) Date of formation of company applying for Membership (or, if a Limited Company, date of registration).

Date of Formation		
Date of Registration		
Company Registration Number		

- (h) If a Limited Company, please state amount of nominal and paid-up capital.

Nominal £	£	
Paid-up	£	

2. COMPANY PRINCIPALS/ NATURE OF WORKS/ TURNOVER

The Membership Committee may request further information regarding

- Company Principals
- Nature of Works
- Turnover

3. INSURANCE COVER (where applicable) (See Application Note 2)

(a) Please complete the separate Insurance Questionnaire, which must be Submitted with this application.	
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4. SAFETY & TRAINING (where applicable) (See Application Note 3)

Only applicable if answer is YES to question (1d)

(a) Within the last 5 years, has your Company been prosecuted by the HSE? Is your company the subject of a current investigation and/or were you issued with a Prohibition Notice?	YES	NO	
If YES please forward details.	Enclose a separate detailed sheet.		
(b) Has your company, with the last 5 years been prosecuted by the EA? Is the subject of a current investigation and/or an improvement notification?	YES	NO	
If YES please forward details.	Enclose a separate detailed sheet.		

(c) Have all operatives who carry out sub-contract works on Demolition projects attended valid and current Asbestos & Demolition Awareness Training.	YES	NO	
If YES please forward details. .	Enclose copies of Asbestos & Demolition Awareness Training Certificates.		
If a Drilling and Sawing Company	Enclose copies of CCDO Cards		

5. MEMBERSHIP OF OTHER BODIES (where applicable) (See Application Note 4)

(a) Are you a member of any Trade Federation, Trade Association or Health and Safety Organisation?	YES	NO	
If YES please state details and enclose a copy of membership certificate :-			

6. INDUSTRY SERVICE CONTRACTS

- (a) Please state date and particulars of your most recent contract to provide a Demolition service (where applicable)

Date	Details	Client	Value of Contract	

7. ASBESTOS REMOVAL

Only to be completed where the nature of your business involves the removal of Licensed Asbestos Materials.

(a) Please state whether or not your company currently holds a HSE Asbestos License.	YES	NO	NOT APPLICABLE	
License Number				
If you currently hold an Asbestos Removal Licence please enclose a copy. (see application note 5)				
(b) Are you a member of an Asbestos related Trade Association?	YES	NO	NOT APPLICABLE	

If YES, Please confirm details and Registration Number.		
Registration Number		
Details		

8. ATTENDANCE AT REGIONAL MEETINGS

All Members of the Federation are required to take an active part in the Regional Meetings. If your application is successful, you are required to attend a minimum of three regional meetings per year

9. REFERENCES

(a) Employers

Please give the names and addresses of at least three Employers from whom it is agreed that the Federation may seek references. (Preferably NFDC Members).

Name	Address/Postcode	
1.		
2.		
3.		

(b) Accountants and Auditors

Name	Address	
1.		
2.		

(c) All applications must be proposed by an existing NFDC Corporate Member.
(See application Note 6)

Proposed By (Contact Name)		
Company Name		
Telephone Number		

(d) Please state your reasons for applying for Membership of the Federation.

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See Application Note 2



COMBINED LIABILITY INSURANCE DECLARATION

Please arrange for your broker or insurance adviser to fully **answer all questions** on this form and attach a **copy of your current Insurance Policy Certificate** and return with this membership application.

INSURANCE	EMPLOYERS LIABILITY	PUBLIC LIABILITY
Title of Insured:		
Insurers Name:		
Policy No:		
Expiry Date:		
Policy Business Description:		
	£ Limit of Employers liability of £5 million or as statutory minimum requirement (NFDC Rules require a minimum of £5 million)	£ (NFDC Rules require a minimum of £2 million)

A copy of your certificate of insurance must be attached.

DECLARATION

I/WE, the undersigned, hereby make application for ISP Membership of THE NATIONAL FEDERATION OF DEMOLITION CONTRACTORS LIMITED.

I/We undertake, if elected Members, to abide loyally by the Constitution and Rules of the Federation.

I/We will support the decisions of the Federation and promptly pay the Annual Subscription for Membership, and it is understood that failure to comply could result in expulsion from the Federation.

I/We will give three months in writing should we wish to terminate our membership.

I/We declare to abide by the Rules of the Federation, as approved by National Council.

ISP members shall not partake in direct demolition works, nor carry out any demolition works outside of their specialist scope or scope of business as detailed in section 1 (c) of this application. Should an ISP member carry out any demolition work outside of this scope, the NFDC will immediately remove them from ISP membership.

The NFDC/ISP logo must NOT be displayed on any vehicles, items of equipment or plant

Company Name _____

Signed _____

Name _____

Position _____

Date _____



National Federation of Demolition Contractors
Voice of the Global Demolition Industry

Membership Application Notes

IT WILL CONSIDERABLY HASTEN THE PROCESSING OF YOUR APPLICATION IF YOU ENSURE THAT THE APPLICATION FORM IS FULLY COMPLETED BEFORE IT IS SUBMITTED AS INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

PLEASE ENSURE THAT ALL ADDITIONAL DOCUMENTATION REQUESTED BY THE NFDC IS ENCLOSED WITH YOUR APPLICATION AND CROSS REFERENCED WITH EACH SECTION.

Note 1 Section 1 - General Details

The Membership Committee may request further information regarding any section of this application.

Note 2 Section 3 - Insurance Cover

The separate Insurance declaration must be completed by your Broker or Insurance Adviser and returned with your membership application and a copy of your insurance certificate.

Where the nature of your business will involve work being carried out on a live Demolition site, you must provide insurance cover which covers this activity.

Note 3 Section 4 - Safety and Training

This section only needs to be completed where the nature of the business involves works carried out on a live demolition site.

If you answered yes to either Section 4 (a), (b) or (c) attach details to this application.

Note 4 Section 5 - Membership of Other Bodies

You must be a member of your own trade Association where one exists, e.g. Scaffold Contractors must be members of the NASC (National Association of Scaffolding Confederation). (Attach a copy of membership certificate to this application.)

Note 5 Section 7 - Asbestos Removal

If you answered yes to Section 7 (a), attach a copy of your Asbestos Removal Licence

Note 6 Section 9 - References

If you do not have an existing Member to propose this application, please contact the Chief Executive at Resurgam House, Hemel Hempstead, Hertfordshire HP2 4TF, who may be able to assist you.



THE NATIONAL FEDERATION OF DEMOLITION CONTRACTORS LTD

INDUSTRY SERVICE PROVIDER MEMBERSHIP FEES

SUBSCRIPTION RATES AS FROM 1ST NOVEMBER 2019

FULL YEAR

Our yearly membership runs from 1st NOVEMBER 2019 TO 31st OCTOBER 2020
£2,000 Plus VAT at the current rate.

Joining part year will be charged at £166.67 per month Plus VAT for the remainder of
the year.