

CORPORATE MEMBERSHIP

APPLICATION PACK

Applications for Corporate Membership of CIVEA can only be considered if the applicant provides all the required documentation and meets the eligibility criteria for membership of the association. If the application for membership is successful, the member will observe and abide by the principles in the CIVEA Rules of the Association and the CIVEA Code of Practice.

In all cases, membership applications will be considered by members of the Executive Council after receipt of all the necessary documentation.

In the case of a newly-formed business, membership may be granted on the strict understanding that such accounts will be submitted at the earliest opportunity and that continued membership is subject to those accounts being satisfactory.

Any enforcement agent bonds that are required from the association can be requested after membership is confirmed.

Corporate Member subscription rates are calculated annually by using a turnover based system with a set minimum level. Further details can be provided upon request. To enable CIVEA to calculate the exact membership cost for your company, we require a Statement of Financial Turnover form to be completed. This can be found on page 8 in the application form.

A Corporate Member is entitled to the following benefits

- A representative to attend CIVEA general meetings where policy issues are discussed and is entitled to a single vote.
- Receive the minutes of CIVEA general meetings.
- Use of the CIVEA logo on the company's website and company literature
- Free enforcement agent bonds for employees issued in accordance with the CIVEA Rules.
- Access to training and exam providers at reduced rates
- Publication of the company's contact details on the CIVEA website along with a link to their own.
- A copy of the quarterly edition of Enforcement News.



APPLICATION FOR CORPORATE MEMBERSHIP OF CIVEA

Section 1

Applicant Information

Business Name: _____

Other Trading Names: _____

Principal Trading Address:

Correspondence Address:

Telephone: _____ Email _____

Website: _____

How long have you been at this address? _____

Previous addresses within the last 10 years?
(please continue a separate sheet if necessary)



Full Name: _____
Position: _____
Mobile telephone: _____ Email: _____
Address: _____

Full Name: _____
Position: _____
Mobile telephone: _____ Email: _____
Address: _____

Section 3
Partnerships

Name of formation of partnership _____

Names and home addresses of all partners:

Full Name: _____
Position: _____
Mobile telephone: _____ Email: _____
Address: _____

Full Name: _____
Position: _____
Mobile telephone: _____ Email: _____
Address: _____

Full Name: _____

Position: _____

Mobile telephone: _____ Email: _____

Address: _____

Section 4

Sole Proprietors

Please provide the full name and address of the proprietor:

Full Name: _____

Mobile telephone: _____ Email: _____

Address: _____

Date business formed: _____

Section 5

Type of work undertaken

Tick all types of work the company undertakes:

Local Authority	<input type="checkbox"/>	Court	<input type="checkbox"/>	Process Serving	<input type="checkbox"/>
Enquiry Agent	<input type="checkbox"/>	CRAR	<input type="checkbox"/>	High Court	<input type="checkbox"/>

Other (please specify) _____

Section 6

Business Details

Total number of staff: _____ (please include all directors, partners, proprietors, employees and self-employed personnel)

Consumer Credit Licence Number (if registered): _____

Data Protection Registration Number (if registered): _____

Have any of the businesses or individual people listed in sections 1-4: (please tick)

1. Ever had a County Court Judgment made against them?

YES

NO

2. Ever been adjudged bankrupt or been served with statutory notice under the Insolvency Act 1986 or been the subject of any other insolvency proceedings?

YES

NO

3. Ever had a Consumer Credit Licence revoked?

YES

NO

If you have answered yes to any of the above, please give full details in a covering letter.

Do you maintain separate client bank accounts? (Please provide the following details)

YES

NO

Bank full name and address:

Accountant/Independent Auditor full name and address:

Section 7

References

Give the names, addresses, email and telephone numbers of **two client** references:

Full Name: _____

Occupation: _____

Mobile telephone: _____ Email: _____

Address: _____

Full Name: _____

Occupation: _____

Mobile telephone: _____ Email: _____

Address: _____

Section 8

Statement of Turnover for Corporate Members

CIVEA Corporate Members subscriptions are turnover based. To set the appropriate subscription for your company and in accordance with Rule 18(c), you are required to complete the declaration below. Please complete and submit this form with your membership application form. Please note that subscription costs are reviewed annually.

The declaration must be signed by the CEO, Director, Partner or Owner of the company making this application.

It does not need to be signed by an accountant.

This information will be treated in the strictest confidence and this page will be removed from the application pack upon receipt.

Declaration

On behalf of _____ (*insert the name of the company*)

I declare that the total sum of fees paid, for Non-High Court work, under the Taking Control of Goods (Fees) Regulations 2014 for the last 12-month period up to _____ (*insert date*) was:

If less than £1.0 Million, please tick here _____

If between £1.0 Million and £3.0 Million tick here _____

If more than £3.0 Million, please state the amount here:

£ _____

Authorised and signed by:
(*print name*) _____

Position: _____

Signed _____

Date: _____

Section 9

Statement by person or persons making the application

This statement is to be made on behalf of the corporate applicant.

If the applicant is a limited company, the statement must be made by the company secretary and one of the directors.

If the applicant is a partnership, the statement must be made by two of the partners, one of whom must be the managing partner.

If the applicant is a sole proprietor, he or she must make the statement.

DECLARATION:

I/we hereby apply for corporate membership of the Civil Enforcement Association. On behalf of the applicant, I/we give my/our unqualified consent to the association to investigate and enquire into the company and any directors, partners, proprietors, employees and self-employed personnel for the purpose of ascertaining the suitability for admission as a corporate member. I/we understand that admission as a member is subject to reference checks, written examination by qualifying persons and the approval of the membership. I/we have read this application form and my/our answers given are, to the best of my/our knowledge, information and belief, true and accurate. All documents accompanying this application (as shown overleaf) are either the original or true copies of the original, Should the applicant be admitted to membership, then subject to nothing in them being contrary to the law or precepts of moral truth, it, its directors, partners, proprietors, staff and agents will observe and abide by the principles in the Rules and Code of Practice of the Civil Enforcement Association for the time being in force. I/we understand that failure to conform to the requirements of the Code of Practice, or action by or on behalf of the corporate member which is illegal or in some other way, brings or may bring the enforcement profession into disrepute, the corporate member may be subject to disciplinary proceedings under the association's rules.

Full Name:

Position:

Signature:

Date:

Full Name:

Position:

Signature:

Date:

Section 10

Annual Declaration Form

To be completed by your independent accountant or auditor

The Rules of the Civil Enforcement Association stipulate that Corporate Members of the association must, on initial application for membership and annually thereafter, following the finalisation of its annual accounts, provide an auditor’s certificate verifying:

- 18) A Corporate Member must submit each year no later than 3 months after their accounting year end or at any time at the request of the Treasurer or Chief Executive Officer, an auditor’s certificate/accountant’s declaration issued by an independent Chartered/Certified accountant verifying:
- a. the number of staff (to include all directors, partners, proprietors, employees and self-employed personnel) of the Member and any associated enforcement activities; and
 - b. that the balance held in the Member’s client account(s) at the date of the auditor’s certificate/accountant’s declaration was equal to or greater than the sum total of all the money owing or due to all the Member’s clients by the Member at that time.

DECLARATION

I/We* being the independent accountant/auditor of _____(insert company name) confirm that the balance held in the above-named company’s client account(s) in the last annual accounts to _____(insert date) was equal to or greater than the sum total of all the money owing to all the named company’s clients at that time. I/We* also confirm that the total number of persons employed (full-time equivalent including directors, partners and self-employed) by the above- named company at that time was: _____ (insert number of staff)

Print Full Name: _____

Position: _____

Signature: _____

Date: _____

Name and address of independent accountant/auditor:

Tel no: _____ **Email:** _____

** please delete as appropriate*

CHECKLIST



I have enclosed the following papers, which should be originals or true copies of the original:

- The completed membership application form
- Searches from the Registry or County Court Judgments against the director(s) name(s) and the company trading name(s) and for all addresses during the past 5 years.
- Sample business letterhead
- Sample forms used by my business *(these must include copies of all Statutory Notices in addition to any other letters or forms used)*
- Copy of the company's valid professional indemnity insurance cover
- The completed statement of turnover declaration in section 8
- The completed accountant/auditor's certificate in section 10

Completed applications and supporting documentation should be sent to:

**CIVEA
P O Box 745
Wakefield
WF1 9RJ**

Enquiries can be made by email to admin@civea.co.uk