

THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL AND WILL ONLY BE USED TO JUSTIFY AN APPLICATION FOR ASSOCIATE MEMBERSHIP TO THE UIA. HOWEVER, COMPANY CONTACT DETAILS WILL BE USED TO COMPILE AND PUBLISH A MEMBERSHIP LIST
PLEASE FAX YOUR COMPLETED FORM TO 01580 879839



APPLICATION FOR ASSOCIATE MEMBERSHIP OF THE UTILITIES INTERMEDIARIES ASSOCIATION

The Utilities Intermediaries Association (UIA) will enhance the reputation of this sector of the industry and give confidence to those who seek to use their service. It will do this by producing and maintaining a register of Consultants and Brokers (Tpis) who meet and continue to meet the Associations requirements and agree and operate to the Code of Practice. It will maintain the processes whereby users of their services who become dissatisfied, can seek redress.

Associate Membership is open to organisations who:-

- Have been in business as a Tpi (third party intermediary) for at least 2 years or individuals who now operate an organisation but have worked as a Tpi in the energy industry for another organisation for 2 years or more.
- Can demonstrate that they have successfully completed several contracts for customers
- Should demonstrate effective methods of seeking knowledge and training staff (if employing others).
- Should demonstrate a client base of at least five clients however, consideration will be given to organisations who choose to deal with less than five clients provided that this is an executive decision

Or

- Ancillary membership is open to any organisation which is not a Tpi but is otherwise interested in the business of the UIA

For fees please request schedule

INFORMATION PROVIDED ON THIS FORM WILL BE TREATED IN THE STRICTEST CONFIDENCE BY THE DIRECTORS AND WILL NOT BE VIEWD BY ANY OTHER PARTY

Section A

..... whose registered office/principal place of business is at:-

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applies for membership of Utilities Intermediaries Association, subject to the provisions of the Memorandum and Articles of Association of the Company and to the Rules. It agrees to pay to the company an amount of up to £1 if the company is wound up while it is a member. It agrees to pay any membership fee levied in accordance with the Company's Rules.

Authorised Signature:

Name:

Email address:.....

Position:

Tel No:

Date:

Fax No:

Invoice address if different from that shown above:

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Section B

Please state your annual turnover . £..... **Please state annual membership fee £**
(see schedule for details of all membership fees)

BUSINESS HISTORY (Please give a brief outline of the organisation's history, including date of formation and area of work or , if a new company, please quote the history of the principal)

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SUCCESSFUL CONTRACTS (Please quote the name only of 5 customers and approx size of 3 successful contracts)

1.
2.
3.
4.
5.

Reason for having less than 5 clients (if applicable)
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KNOWLEDGE AND TRAINING (Please outline how you obtain industry knowledge and training for yourself as a sole owner or employees and partners if a company)

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Signed.....

Date.....