

# Kestrel Approved Installer Application Form



## 1. CUSTOMER DETAILS

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel No: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Managing Director: \_\_\_\_\_

Principal contact: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business type: Limited  Sole trader  Partnership

Company Registered Number: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Annual Turnover (£): \_\_\_\_\_

Kestrel-BCE,  
Billet Lane,  
Normanby Enterprise Park,  
Normanby Road, Scunthorpe,  
North Lincolnshire, DN15 9YH.

T: 08702 406107 F: 08702 406116

Email: [info@kestrelbce.co.uk](mailto:info@kestrelbce.co.uk)  
Website: [www.kbp.co.uk](http://www.kbp.co.uk)

## 2. COMPLETE THIS SECTION IF PARTNERSHIP/SOLE TRADER

Full Name and Home Address of Partners/Sole Trader:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 3. Installation information

Estimated number of cellular PVC installations per month: \_\_\_\_\_

Estimated usage of cellular PVC p.a. (£): \_\_\_\_\_

Number of sales people: \_\_\_\_\_

Number of fitting teams: \_\_\_\_\_

#### **4. Public Liability Insurance**

The Registered installer shall at all times maintain insurance against injury or damage to themselves or a third party. The installer will provide evidence of their public liability insurance if requested and at any other times as requested by Kestrel.

Public liability insurance enclosed: Yes  No

#### **5. Installation references (please provide name, address and telephone number)**

To conform to the data protection act, please obtain the homeowner's permission before including as a reference.

Client 1

Client 2

Client 3

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

#### **BDM Site approval (Signature)**

#### **6. Agreement**

I/we hereby apply for membership of the KESTREL Approved Installer Scheme. I/we authorise any enquiries you deem necessary for membership approval of the KESTREL Approved Installer Scheme. I/we understand that this includes technical assessments for installation quality.

Having read and fully understood the terms set out above and in the code of practice, I/we accept the terms and conditions and agree to be bound by them.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**In order for Kestrel to process your application, please attach a copy of your Public Liability Insurance**

#### **For office use only**

Approved by: KESTREL

Public Liability Insurance: Yes  No

If rejected, why? \_\_\_\_\_