



Responsible Body Enrolment Application (Basic Police Act Disclosures Only)

FOR OFFICIAL USE ONLY

- * PLEASE REFER TO THE ACCOMPANYING GUIDANCE NOTES AS YOU COMPLETE THE FORM.
- * Please print in **CAPITAL** letters within the white boxes and do not make a mark on any other part of the form. We recommend you use **blue** or **black ink**.
- * The accompanying guidance notes have step-by-step instructions to help you fill out the application form. Please use these notes or see our website www.disclosurescotland.co.uk for assistance.
- * Alternatively, email info@disclosurescotland.co.uk with any questions, or phone the help line on **0870 609 6006 (Fax 0870 609 6996)**.

PART A Type of Application

A1 Cross (X) one box only.

Initial Application <input type="checkbox"/>	Modify Responsible Body Details <input type="checkbox"/>	Remove Responsible Body <input type="checkbox"/>
Add Authoriser/ Invoice Manager <input type="checkbox"/>	Modify Authoriser/Invoice Manager details <input type="checkbox"/>	Remove Authoriser/ Invoice Manager <input type="checkbox"/>

PART B Organisation Details

PART B is to be completed by the Responsible Person

B1 Organisation Name

B2

B3 Responsible Body Code Leave blank for initial Responsible Body applications

PART C Authoriser Details

C1 Are the details below for the Responsible Person of the organisation? Yes No

C2 Authoriser Code Leave blank for Initial Responsible Body and Add Authoriser applications

Business Contact Details

C3 Title Mr Mrs Ms Miss Other

C4 Surname

C5 Forename(s)

C6

Business Address

C7 Address (Number, Street)

C8

C9 Post Town

C10 County

C11 Post Code

C12 Country

Please answer question C13 when applying to modify Responsible Body details (For all other applications leave blank)

C13 Do you require the modified address details to be applied to all Authorisers within your organisation? Yes No

Business Contact Information

C14 Contact Phone No.

C15 Contact Fax No.

C16 Email address

C17

Additional Details

C18 Estimated Monthly Application Volume



Invoice Manager Details, Declaration and Authorisation

PART D Invoice Manager Details (if different to above)

To be completed by Responsible Person

D1 Do you require an Invoice Manager for the organisation? Yes No If 'Yes', enter details below
(This is the person whom you wish the invoice to be sent to if different from the Responsible Person)

Business Contact Details

D2 Title Mr Mrs Ms Miss Other

D3 Surname

D4 Forename(s)

D5

Business Address

D6 Business Address (Number, Street)

D7

D8 Post Town

D9 County

D10 Post Code

Business Contact Information

D11 Contact Phone No.

D12 Contact Fax No.

D13 Email address

D14

PART E Declaration

I confirm that the information I have supplied is complete and correct.

I understand and accept that the Responsible Body payment term is 30 days from receipt of invoice.

Failure to comply with these terms will result in withdrawal of the invoice facility.

The signature that you supply below will be used to check the counter signature on Basic applications. It is essential to keep the signature within the box.

E1/E2 Applicant Signature PLEASE KEEP SIGNATURE WITHIN BOX Signature Date / /

PART F Authorisation (not required for initial enrolment of organisation)

This section is to be completed by the Responsible Person

I confirm that the information I have supplied is complete and correct.

F1 Responsible Person Name

F2 Responsible Person Code

F3/F4 Responsible Person Signature PLEASE KEEP SIGNATURE WITHIN BOX Signature Date / /

The signature that you supply here will be used to check the counter signature on Basic Disclosure applications. It is essential to keep the signature within the box