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Sub Account Application

- * 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**.
- * 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)**.
- * Mandatory fields are highlighted in yellow, you must provide information in these fields or your application will be returned to you.
- * Please make a note of the Barcode Number at the top to assist with any future query.

FOR OFFICIAL USE ONLY

PART A Type of Application (Read Note A)

A1	Cross (X) one box only.	Add Sub Account <input type="checkbox"/>	Remove Sub Account <input type="checkbox"/>	Modify Sub Account <input type="checkbox"/>
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PART B Organisation Details (Read Note B)

This PART is to be completed by the Registered Person.

B1	Organisation Name	<input type="text"/>
B2		<input type="text"/>
B3	Registered Body Code	<input type="text"/>

PART C Sub Account Details (Read Note C)

Details

C1	Sub Account Name	<input type="text"/>
C2		<input type="text"/>
C3	Sub Account Code	<input type="text"/> Leave blank for initial Sub Account application.

Sub Account Countersignatory Details

C4	Sub Account Manager Name	<input type="text"/>
C5	Sub Account Manager Countersignatory Code	<input type="text"/>
C6	Countersignatory Name	<input type="text"/>
C7/C8	Countersignatory Code	<input type="text"/> Add to Sub Account <input type="checkbox"/> Remove from Sub Account <input type="checkbox"/>
C9	Countersignatory Name	<input type="text"/>
C10/C11	Countersignatory Code	<input type="text"/> Add to Sub Account <input type="checkbox"/> Remove from Sub Account <input type="checkbox"/>
C12	Countersignatory Name	<input type="text"/>
C13/C14	Countersignatory Code	<input type="text"/> Add to Sub Account <input type="checkbox"/> Remove from Sub Account <input type="checkbox"/>
C15	Countersignatory Name	<input type="text"/>
C16/C17	Countersignatory Code	<input type="text"/> Add to Sub Account <input type="checkbox"/> Remove from Sub Account <input type="checkbox"/>
C18	Countersignatory Name	<input type="text"/>
C19/C20	Countersignatory Code	<input type="text"/> Add to Sub Account <input type="checkbox"/> Remove from Sub Account <input type="checkbox"/>
C21	Countersignatory Name	<input type="text"/>
C22/C23	Countersignatory Code	<input type="text"/> Add to Sub Account <input type="checkbox"/> Remove from Sub Account <input type="checkbox"/>

C24	If you require more space use a separate piece of paper and cross (X) this box.	<input type="checkbox"/>
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Invoice Details and Authorisation

PART D Invoice Details (Read Note D)

This PART is to be completed by the Registered Person.

D1 Do you require an Invoice facility for this Sub Account? Yes No

D2 Do you require this Invoice to be sent to the Sub Account Manager? Yes No If 'No', see below.

The Invoice will be sent to the person you have nominated for your Organisation. i.e. Registered Person or Invoice Manager.

PART E Authorisation (Read Note E)

This PART is to be completed by the Registered Person.

I understand the following:

Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purposes of the prevention or detection of crime and for other related purposes. Disclosure Scotland may pass the information to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes. I confirm that the information I have supplied is complete and correct. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

E1 Registered Person Name

E2 Registered Person Code

E3/E4 Registered Person Signature Signature Date / /

The signature you supply here will be checked against the sample you supplied on your Registration application.