



THE ASSOCIATION OF BRITISH INVESTIGATORS LIMITED

MEMBERSHIP APPLICATION FORM

*This application is to be completed in the handwriting of the applicant and in **BLOCK CAPITALS***

(PLEASE ANSWER ALL QUESTIONS AND PROVIDE TWO PROFESSIONAL WRITTEN AND SIGNED REFERENCES)

I wish to apply for: (please tick as appropriate)	<input type="checkbox"/> Full Membership	<input type="checkbox"/> Overseas Membership
	<input type="checkbox"/> Associate Membership	<input type="checkbox"/> Affiliate Membership

PERSONAL DETAILS		
Name (in full, including title)		
Address		
County	Post code	
Country		
Date of birth		
Telephone number		
Mobile number		
Email address		
Previous address		
	Post code	
Country		
Previous name		

BUSINESS DETAILS		
Agency Name		
Business Address(es)		
County	Post code	
Country		
Telephone number		
Website address		
Relationship to agency	Partner / Director / Employee / Self-employed (delete not applicable)	
Date Agency established		
Agency previous address		
(if moved within the last ten years)		
County	Post code	
Country		



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RELEVANT QUESTIONS

Have you or anyone connected with your business been convicted of an offence involving fraud, dishonesty, or violence? (Rehabilitation of Offenders legislation applies)

Yes No

Have you or any partner or company connected with your business been the subject of an adverse entry in the County Court Judgments Register?

Yes No

Have you or any partner connected with your business been the subject of Bankruptcy Proceedings or an Administration Order?

Yes No

If you have answered 'Yes' to any of the above 3 questions please give details

Are you a member of any other trade-related associations?

Yes No

If 'Yes' please give details

Have you previously applied for membership of this Association?

Yes No

If 'Yes' please give details

OTHER EMPLOYMENT

Do you currently have any other form of employment?

Yes No

If 'Yes' please give details



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PROFESSIONAL EXPERIENCE

I have experience in undertaking work in the following areas

General investigations	<input type="checkbox"/>	Tracing	<input type="checkbox"/>
Process serving	<input type="checkbox"/>	Accident investigations	<input type="checkbox"/>
Insurance enquiries	<input type="checkbox"/>	Statement taking	<input type="checkbox"/>
Surveillance	<input type="checkbox"/>	Photography	<input type="checkbox"/>
Status enquiries	<input type="checkbox"/>	Court work	<input type="checkbox"/>

Other specialist areas

Please give details of your previous employers over the last five years.

RETURNING THIS FORM

When returning this application form, please also enclose the following (please tick box)

- Two passport-sized photographs of the applicant.
 - Copy of Data Protection Certificate including category for Private Investigation (**UK applicants only**)
 - 2 written references
 - UK Application fee £111.63 (£95 + VAT) - NON-REFUNDABLE
- OR**
- Overseas Application Fee £125 - NON-REFUNDABLE

Cheque payable to Association of British Investigators.

And where applicable (please tick box)

- Copy of Service Discharge Certificate.
 - Copy of Police Discharge Certificate.
 - Copy of Consumer Credit Act Licence
 - Certificate of incorporation of Limited Company.
 - Details of Company Directorships held.
 - Copy of Professional Indemnity Insurance cover *
- OR**
- Join ABI PI Insurance Block Policy on becoming a member.

* Beginning 1 January 2006 UK members joining the Association will be required to hold Professional Indemnity Insurance. Cover is available on the ABI Block Policy on becoming a member of the Association (subject to insurers approval). Details on our website www.theabi.org.uk



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I hereby apply for Membership of the Association of British Investigators and give my unqualified consent to the Association to enquire into my character, probity and qualifications for the purpose of ascertaining my suitability for admission to membership.

DECLARATION		
I (full name)		
of (full address)		
	Post code	
Occupation		
<p>Do state: That I have read the above application form and my answers thereto are to the best of my knowledge and belief true and that all documents accompanying this application are either the originals or true copies thereof, and that if I should be admitted to Membership of the Association of British Investigators and subject to nothing therein being contrary to the law or precepts of moral truth I will observe and abide by the principles contained in the Memorandum of Articles and Bye-Laws of the Association of British Investigators in force at the present time. I authorise the Association of British Investigators to publish my business details in it's web site, directory and publications. Any false declaration or statement, including any relevant omissions on the application form renders the applicant liable to automatic disqualification from membership of the Association.</p>		
Signature of Applicant		Date
Witnessed by (print name)		
Address of Witness		
	Post code	
Occupation		
Signature of Witness		Date

Return the form and enclosures to:

**The Secretary, The Association of British Investigators
295/297 Church Street, Blackpool, Lancashire, FY1 3PJ**