

**Albany House**

**14 Shute End**

**Wokingham**

**Berks**

**RG40 1BJ**

**0800 243919**

**07713 451349**

**Application for Membership**

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| **Accreditation Scheme:** | **Please indicate** |
| * **Plastic sack** * **Soft tissue and Wipes** * **Mop** * **Chemical** * **Distributor** |  |
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| **Section One: Company information** | | |
| **Name of person making application:** |  | |
| **Title/Position:** |  | |
| **Name of company:** |  | |
| **Nature of business:** |  | |
| **Trading address:** |  | |
| **Website address:** |  | |
| **Phone number:** |  | |
| **Mobile:** |  | |
| **Email address:** |  | |
| **Registered office address:** |  | |
| **Registered company number:** |  | Change of company registration number at a later date will require a new application. |
| **VAT registration number:** |  | |
| **Date of incorporation:** |  | |
| **Length of time trading in the Away from Home (B2B) cleaning & hygiene sector:** |  | |
| **Name of parent company,**  **if any:** |  | |
| **Have any of the directors/principal officers been convicted of any offence covered by the Companies Act? Yes / No** | | |

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| **Can you provide evidence of business systems and processes through certification? Yes/No**  **ISO9001 or BRC equivalent is necessary for the Chemical Manufacturer Accreditation Scheme.** | | |
| **Is the business registered to ISO9001 or BRC?** | Yes / No / Pending (state date expected)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If yes, attach copy of certificate |
| **Is the business registered to ISO14001?** | Yes / No / Pending (state date expected)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If yes, attach copy of certificate |
| **Is the business registered to ISO45001?** | Yes / No / Pending (state date expected)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If yes, attach copy of certificate |
| **If there is any other evidence you wish to provide information about, please provide details:** |  | |
| **If your business is based overseas with no UK warehouse, please state in the box opposite:** | How you can facilitate access for CHSA to audit products as part of the application process, and how we would be able to audit, check and trace products as part of ongoing annual audits:  (A higher audit charge will be payable on companies outside the UK). | |

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| **Section Two: Contact details** | | | |
| **Proprietor, Partners and Director names and email addresses.**  **Please indicate with a \* those directly engaged in the business** | | | |
| **Name:** | **Position/title:** | | **Email:** |
| **Name:** | **Position/title:** | | **Email:** |
| **Name:** | **Position/title:** | | **Email:** |
| **Marketing contact name:** | | **Email:** | |
| **Purchase Ledger name:** | | **Email:** | |
| **HR contact name:** | | **Email:** | |

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| **Section Three A: Financial information (non distributor)** | |
| What percentage of business is via distributors? |  |
| How many distributors do you supply? |  |
| How many CHSA Accredited Distributors do you supply? |  |
| Value of products made, sold or distributed in the UK Away from Home (B2B) market in the cleaning and hygiene sector: | £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please state approximately) |
| If your annual turnover is not available to verify at Companies House, please attach either:  A copy of your audited accounts or  A copy of your audited accounts  or  A letter from your accountant confirming previous year’s turnover  Failure to supply this information could prevent your application from being taken forward. | |

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| **Section Three B: Financial information (distributors only)** | |
| Are you currently buying from a CHSA Accredited member? | Yes/No. If yes, please give name(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Value of products sold or distributed in the UK Away from Home (B2B) market in the cleaning and hygiene sector: | £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please state approximately) |
| If your annual turnover is not available to verify at Companies House, please attach either:  A copy of your audited accounts or  A copy of your audited accounts  or  A letter from your accountant confirming previous year’s turnover  Failure to supply this information could prevent your application from being taken forward. | |

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| **Section Four: Referees and Nomination for membership** | |
| **Nomination for membership must be supported by a current CHSA member.**  **Two references from principal customers are also required. Please provide contact details for either two CHSA members or one CHSA member and one industry contact we can approach for a reference:** | |
| **Nomination for membership:**  Our nomination by a CHSA member is attached (please tick)  Nomination can be by email or an attachment on letterheaded paper.  **Name of CHSA member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Referee No 1:** | |
| Name of business: |  |
| Name and title of contact: |  |
| Email address: |  |
| Phone number: |  |
| Relationship: |  |
| **Referee No 2:** | |
| Name of business: |  |
| Name and title of contact: |  |
| Email address: |  |
| Phone number: |  |
| Relationship: |  |
| **Reason for Membership:** | |
| **Are you a member of any other Trade Association (if yes, please list):** | |

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| **Section Five – CHSA Code of Practice** | | |
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| The eligibility criteria for membership of the Cleaning and Hygiene Suppliers Association (“CHSA”), are set out in its Articles of Association and also require members to adhere to this Code of Practice and any Accreditation Scheme of which they are a member. By adhering to this Code of Practice, members demonstrate their high standards in the conduct of their business and their continuing eligibility for membership of CHSA. **Failure to observe the Code of Practice and associated Articles of Association may cause the member to have their membership terminated.** |

**Members of the CHSA accept this Code of Practice and agree:**

1. To observe this Code of Practice and to comply with the terms of all CHSA Accreditation Schemes as applicable and to comply with any changes to this Code of Practice as notified to them from time to time.
2. To conduct business dealings in an open, honest, fair and proper manner and in accordance with the laws, rules and regulations of the UK and EU.
3. Not knowingly, recklessly or negligently to be party to any improper business practices of any customer or supplier.
4. To ensure all public statements made by and on behalf of the Member are decent, honest and truthful and in the spirit of the Association.
5. To ensure no false or exaggerated claims are made verbally, in literature, electronically or in any other way
6. To apply the highest ethical standards and never knowingly operate business or communicate in such a way as to bring the Cleaning and Hygiene Industry or the CHSA into disrepute
7. To hold and provide evidence on request for product and service claims, particularly with reference to legislation, certifications and accreditations
8. To ensure that customers are kept advised of the effect of changes in legislation and product specifications likely to lead to different in-use handling or Health and Safety implications
9. To offer for sale sound quality cleaning materials, chemicals, specialist machinery equipment to enable customers to achieve their required levels of hygiene and cleanliness and to take all reasonable care to ensure that the packaging of products supplied by the member (whether as a manufacturer or a distributor) contains accurate and permanent labelling of the contents, as to the quantity, dimensions and other information required by the relevant CHSA Accreditation Scheme Standards
10. To provide proper training for sales and support staff to enable them to give professional advice on the use of materials and equipment offered for sale.
11. To refrain from making inaccurate, misleading or malicious statements, whether deliberate or not, concerning a Competitor, product or service.
12. Not to discuss at any CHSA event, or any other time, any item that might be construed as a breach of UK or EU competition law nor to collude with other member or members in a way that breaches, or may breach UK or EU competition regulations.
13. To investigate in a reasonable timeframe any complaint raised by a customer and if the complaint is justified to take all necessary action required to rectify the situation with the minimum of delay.
14. In the event of a dispute with CHSA about the relevant Standards, Regulations or this Code of Practice, to accept the decision of the Council, or failing resolution by the Council to accept the decision of an independent arbiter, currently the British Cleaning Council.
15. To maintain adequate insurance cover for Product and Public Liability.
16. To pay all membership fees (including those applicable to any accreditation scheme to which the member is a party) as and when requested by the CHSA.
17. That the CHSA may publicise details of the expulsion of any member of CHSA, should that occur.

**We agree to abide by the CHSA Code of Practice (version: July 2017)**

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

Name:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Must be one of the names in section two

Position/title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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| **Section Six** | |
| Please tick |  |
|  | Payment of our £600 (£500 + VAT) application fee has been made to the Bank account shown below. We understand that this will only be refunded if our application is successful, and that it is not refundable if it is unsuccessful or we decide not to proceed through the process. |
|  | We apply for membership of the Cleaning & Hygiene Suppliers Association and will make payment by BACS for admission and first year subscription once invoiced. We understand that in the event of our NOT being elected to membership this amount will be refunded less the applicable initial audit fee. |
|  | We accept and agree to abide by the relevant Accreditation Scheme Standard and Code of Practice. Accreditation will not be used or referred to in a way that could be misleading in relation to non-Scheme products. |
|  | We note that as a manufacturing accreditation scheme member, audits will take place multiple times during the first year to ensure compliance. |
|  | We agree to provide appropriate detailed product stock lists and/or test data when requested. We acknowledge that test data may be independently or peer reviewed. |
|  | We acknowledge that if this application is declined, another will not be considered within one year. |
| **Signed:**  **Name:**  (Must be one of those named in section two)  **Title/Position:**  **Date:** | |

**CHSA BANK DETAILS:**

**Barclays Bank PLC**

**Account Number: 10548529 Sort Code: 20-40-71**

**Account Name: Cleaning & Hygiene Suppliers Association**

Ref: App2021.06