# HETAS Approved Retailer Scheme

Application Form



## Section 1. Business Contact Details \*Indicates required field.

*Business / Trading Name:		HETAS Registration No. (if applicable):	
*Responsible Person:			
*Position in Company:			
Authorised Responsible	Person (can discuss but not change your registration details):		
*Business Address:			
*County:		* Postcode:	
*Main contact number:		Second contact number (optional):	
*Email:			
Website:			

### Section 2. Trained Advisor Details

If adding more than one Trained Advisor, we need one completed application per individual.

*Advisor Name:			
*Training Completed:	Online Retailer Course □ Training Centre Retailer Centre □ H003 □ H005 □		
Fill in address below, or tick here if same as business address □			
Address:			
County:		Postcode:	
Telephone:		Mobile:	
Email:		NI number:	

### Please don't forget your photos!

We need one photo per Trained Advisor. It should be head and shoulders only and against a white background. You can take a photo on your phone and upload an image to your email.



### **Section 3.** Registration Fees

New Business Application (annual) - £248 + VAT Additional Trained Advisor - £21 + VAT

How we	ould vo	ou like	to	nav?
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<b>BACS</b>		Account Name: HETAS Limited, Sort code: 20-20-15, Account number: 63478262 (Barclays Bank)
		Please use your business name as the payment reference.
Card	П	We will contact you upon receipt of your application to arrange a payment over the phone

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#### **Section 4.** Declaration

#### **Personal Data**

HETAS will handle personal data provided by Registered Installers and applicants in accordance with its Data Protection policy and the General Data Protection Regulation (GDPR). Data will be stored and used for the purposes of registration, consumer search function on HETAS website and for distribution of sector news and technical bulletins. For more information please visit: www.hetas.co.uk/hetas-privacy-notice/

	ermission for HETAS to use my data in accordance of the above statement. I can unsubscribe from sing communications at any time by contacting <a href="mailto:info@hetas.co.uk">info@hetas.co.uk</a>	Yes □	No □
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#### Declaration

#### \* Insurance

☐ I confirm that I hold **adequate insurance cover and accept any liability** for all services offered

#### \* Cleaner Choice

☐ I confirm I sell at least one **HETAS Cleaner Choice product** 

If you are both the Responsible Person and the Trained Advisor, please sign your full name in both fields:

I,(full name of Responsible Person) hereby confirm that all the information provided is accurate and that I have read and agree to	Read the Rules and Conditions of Registration:
the Rules and Conditions of Registration.  Signed: Date:	
I,(full name of Trained Advisor) confirm that all the information provided is accurate and that I have read and agree to the Rules and Conditions of Registration.	
Signed: Date:	ESC 4 ACCOMMENS.

### Ready to submit your application?

- ☐ Are all sections complete and have both the Responsible person and Trained Advisor signed the declaration?
- ☐ Have you included an ID photo?
- ☐ Have you provided proof of insurance?

### What happens after I apply?:

- 1) We will carry out an initial review of your application to ensure all correct information and documentation has been provided.
- 2) If there are no further requirements following the initial review, we will complete a final quality check and approve your application.
- 3) You will receive a welcome email with your HETAS Registration Number and will now be listed on the website.

WORKING TOGETHER FOR A CLEANER, SAFER AND MORE SUSTAINABLE ENVIRONMENT