



COMPANY MEMBERSHIP APPLICATION FORM

Trading Name of business:

Company Registered Name:

Company Registered Number:

Country of Registration:

List full names of all Company Directors:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Name of relevant contact:

Address/Location of facility:

Facility website address:

Contact Telephone Number:

Is Facility Live-monitored by independent security company: YES NO

Has your security ever been breached in any way: YES NO

Do any company Directors have a criminal conviction: YES NO

Has your company made an insurance claim against any losses: YES NO

Type of boxes within vault: Dual-Key Semi-Automated Fully-Automated

Size of Facility/Number of Boxes:

Grade of Vault:

Vault Manufacturer:

Box Manufacturer:

Insurers/Underwriters:

Number of facilities in your company:

Year of facility opening:

Client Access Days: Client Access Hours:

I/We hereby declare that all information given above, for the purpose of Membership application to the Safe Deposit Federation (SDF) is true and complete at time of signing. Should additional relevant information be required by SDF to complete registration we will submit it upon request.

Signed: _____ Position: _____ Date: _____

The Safe Deposit Federation reserves the right to refuse or cancel membership without notice. The decision to admit new members will be at the sole discretion of the Admissions Committee. Information provided will remain confidential and will NOT be shared with any third parties.