



Network Application Form

Company Name:	
Head Office Address:	
Other Office Locations:	
Contact Name:	
Contact Number(s):	
Contact Email:	
Number of Vehicles on Daily Patrol:	
Areas of Coverage (1st Part Postcodes):	
Do you hold SIA ACS for Keyholding:	Yes / No
Are your staff vetted to BS7858:	Yes / No
Are Keys Stored in line with BS7984:	Yes / No
Are you Paying Staff National Minimum Wage and on time?	Yes / No
Are your Staff employed PAYE (Not Self Employed)?	Yes / No
Are you Insured for Loss of Keys?	Yes / No
Do your officers have smart phone capability to submit reports?	Yes / No
Would you pass out of area opportunities to Keynet?	Yes/ No

Signed: _____

Print: _____

Position: _____

Date: _____