MIS
MASTERSON INSTALLATION SERVICES

Subcontractor Starter Form

1. Company / Individual Information

- **Subcontractor Name (Individual or Company):** _____
- **Trading Name (if different):** _____
- **Company Registration Number (if Ltd):** _____
- **UTR (Unique Taxpayer Reference):** _____
- **VAT Registration Number (if applicable):** _____
- **National Insurance Number (if sole trader):** _____
- **Contact Name:** _____
- **Date of Birth:** _____/_____/_____
- **Email Address:** _____
- **Phone Number:** _____
- **Business Address:**

Postcode: _____

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2. Tax & CIS Information

- **Are you registered under the Construction Industry Scheme (CIS)?**
  ☐ Yes ☐ No
- **CIS Registration Number (if applicable):** _____
- **Payment Type (tick one):**
  ☐ Gross Payment Status
  ☐ Standard Deduction (20%)
  ☐ Higher Rate Deduction (30%)
- **Attach a copy of:**
  ☑ UTR Confirmation Letter
  ☑ Photo ID (passport or driving licence)
  ☑ Proof of address (dated within last 3 months)

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3. Insurance Details

You must provide evidence of the following insurances where applicable:

- **Public Liability Insurance:**
  Provider: _____
  Policy Number: _____
  Expiry Date: _____
  Cover Amount: £ _____
- **Employers' Liability Insurance (if applicable):**
  Provider: _____
  Policy Number: _____
  Expiry Date: _____
  Cover Amount: £ _____

Please attach current insurance certificates.

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01928 444 010 Admin@Mastersonis.com 108-110 Main Street, Frodsham, WA6 7AR
VAT Number: 411666904 Company Reg: 14079566

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4. Trade & Services

- **Primary Trade:** _____
- **Brief Description of Services Offered:**

- **Do you hold relevant trade accreditations/certifications (e.g., CSCS, CHAS, SMSTS)?**
  ☐ Yes ☐ No
  If yes, please tick the below
  ☐ Green CSCS ☐ Blue CSCS ☐ Gold CSCS ☐ Black CSCS ☐ White CSCS
  ☐ IPAF ☐ PASMA ☐ SMSTS ☐ CHAS
  ☐ Asbestos Awareness CPD ☐ Working at Heights CPD ☐ Manual Handling CPD
  ☐ GasSafe ☐ NICEIC
- **Number of Workers Employed:** _____

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5. Payment Details

- **Preferred Payment Method:**
  ☐ BACS (Bank Transfer)
  ☐ Other: _____
- **Bank Name:** _____
- **Sort Code: --**_____
- **Account Number:** _____
- **Account Name:** _____
- **Standard Payment Terms:** ☐ 14 days ☐ 30 days

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6. Health & Safety

- **Do you have a company Health & Safety Policy?**
  ☐ Yes ☐ No (required if employing more than 5 workers)
- **Has your company had any HSE enforcement notices or prosecutions in the last 3 years?**
  ☐ Yes ☐ No
  If yes, please explain: _____
- **Main Health & Safety Contact:**
  Name: _____
  Phone/Email: _____

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7. References (Optional)

- **Client / Contractor Reference #1:**
  Company: _____
  Contact: _____
  Phone/Email: _____
- **Client / Contractor Reference #2:**
  Company: _____
  Contact: _____
  Phone/Email: _____

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8. Declaration

I declare that the information provided is correct and complete to the best of my knowledge. I understand that failure to provide accurate information may affect my payments or status under the Construction Industry Scheme (CIS).

Signed: _____
Print Name: _____
Position: _____
Date: _____

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