

New Agent Registration Form

Self employed

Customer Details:

Full Name *

First Name

Last Name

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number *

E-mail

example@example.com

Liability insurance? *

Valid

Alid DBS *

Postcodes you can work

Hours, days, months you are available

Part time or full

Are you able to be a standby cleaner as well?

Yes

No

Please give reference of any two people whom you have worked for

Full Name

Address

Contact Number

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