

EUROPEAN SECURITY TRANSPORT ASSOCIATION

APPLICATION FORM

Effective and Associated Members

Confidential

A. General information on your company

A/1. Name of company _____

A/2. Established _____

A/3. Address of headquarters _____

E-mail address: _____

A/4. List of your branches, if any:

A/5. Members of the Management:

<u>Name</u>	<u>Occupation or function</u>
_____	_____
_____	_____
_____	_____
_____	_____

Please join the curriculum vitae of the Directors and the General Manager.

Name & contact of person(s) responsible for day-to-day business:

Name & contact or person(s) responsible for security: _____

In case you become an ESTA member, who would liaise with ESTA?

A/6. Ownership _____

A/7. Share capital: nominal:
 subscribed:
 paid-up:

A/8. Turnover of the last five years:

Please join the financial statements of the last three years.

A/9. Which are your main customers?

A/10. List the names of two Effective ESTA Members, one of them being affiliated to a Group, who are prepared to sponsor your company. Letters of sponsorship would be appreciated.

B. Personnel

B/1. Used methods of recruitment and selection of new personnel:

B/2. Do you use an admission form? YES NO (if yes, please enclose two copies)

B/3. Please indicate the age limits for an employment as a driver, escorter, etc.
Over _____ years. Under _____ years.

B/3/1. Retiring age: _____

B/3/2. Does your personnel have to pass a medical entry examination?
 YES NO (if yes, please enclose 2 copies of the form used)

B/3/3. Is it possible, in your country, to have the candidates checked by the police? YES NO

B/3/4. Do you use tests for the selection? YES NO
If yes, which ones? (Please give details)

B/4. Please describe your methods and means to control the work of the personnel:

B/5. Does your operational personnel wear a uniform? YES NO
Please give some details on this subject and/or join photographs.

Please circle your answers or tick the

B/6. Does your personnel carry fire arms YES NO
If no, do you issue them with other defensive means, e.g. gas sprays,
Batons, bullet proof vests, helmets? Please state which:

B/7. Is the provision and wearing of bullet proof vests a legal requirement of your
Government? YES NO

C. Government bodies / Membership of associations

C/1. Do you co-operate with the authorities in your country, e.g. with the Police,
Fire Brigade, etc. ? Please give a description on this subject.

C/2. Is a national authorization necessary to operate a security transport com-
pany?

Please join a copy of this authorization.

C/3. Of which professional associations are you a member?

D. Technical and security information

D/1. Since when do you operate with a minimum of four vehicles? _____

D/2. Please give details about the number of vehicles especially equipped for the
Transportation of valuables, separating in:

D/2/1. fully armoured vehicles _____

Please circle your answers or tick the

D/2/2. non armoured vehicles. If this is the case, please state what other method of protection for the crews and valuables are used

D/2/3. please state number of crews per vehicle, if varies please state what are the requirements to use less than 3 men (limitation of values, no transfer over the pavement)

D/3. Do you use electronic methods of tracking / tracing, bar coding / scanning or any other system ? YES NO

D/4. Do you use radio control or any other communication methods?

YES NO

If other, please describe:

D/5. Which are your means to protect the "over the pavement risks"? (technical or organisational, reduction in limits of values, etc.)

D/6. Does your company operate other security activities such as the operation of alarm station, industrial security, guard services, retail and real estate security, banknote and coin processing, etc. ? Please give details.

E. Insurance; Loss record

E/1. Are you covered by an all-risk insurance. If yes, please join a copy of your Insurance certificate.

What is your maximum insurance limit in EUR:

- per vehicle
- per any one event
- do you carry an excess (franchise) : YES NO
if yes, what is the amount

E/2. What is your loss record over the past two years (main losses) in EUR:

F. Other information which might be of interest to ESTA and also state areas where you can contribute to the common cause of ESTA :

P.S. Please feel free to use separate sheets for answering points for which not enough space is provided.

Date:

Signature: