




Retention on Register of Employers

 Registrar
Hearing Aid Council
70 St Mary Axe
London, EC3A 8BD



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hac@thehearingaidcouncil.org.uk
020 3102 4030

Completing this form

We recommend:

- before submitting this form, you photocopy it and all of the supporting documents for your own records; and you make sure you have included all of the relevant documents with your application. Failure to do so will result in your application being returned to you.
- You read the enclosed checklist before you return the form.

Section 1 – organisation details: (details of current register entry as required under rule 4 of Registration Rules 2007)

Name & Address:	Registration No:
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Are the details above correct?: Yes: No (if no please enclose the correct details)

Please complete all the sections below.

Section 2 – payment details: Registration fee for 1 April 2008 to 31 March 2009 £695.00

To pay my fee of £695, I have **either** (please tick):

(i) enclosed a cheque Cheque Amount: £ _____
(Please write organisation name and registration number on the back of the cheque)

or

(ii) made a bank automated credit payment Date of Payment: / / 2008
Reference : _____

(Please use organisation name and registration number as the reference.)

Note:

Cheque Payments: Cheques made payable to the Hearing Aid Council. Please ensure organisation registration number and name is clearly written on the reverse of the cheque.

BACS Payments: Payment made to the Hearing Aid Council. Sort Code: 12-18-05; Account No: 00653684
Please use organisation name and registration number as the reference.

Office use only: Date received	Cheque amount	Cheque no.
Batch no.	On concept	Staff name

Section 3 – organisation structure

Please complete section A, B or C below. (ONLY ONE SECTION TO BE COMPLETED).

A. I run the business as a Sole Trader:

Your Name :

Date of Birth

Home Address:

Business Name:

Business Address:

B. The business is run as a Partnership:

Name of partnership:

Address of Business:

The names, home addresses and dates of birth of each of my company's partners are: (attach on separate sheet if necessary):

Partner Name
Address

Date of Birth

Partner Name:
Address

Date of Birth

Partner Name:
Address

Date of Birth

**C. The business is run as a body corporate
(e.g. limited liability partnership, limited company, PLC)**

Company name:

Company registration number:

Registered address:

The names and home addresses of each of the company's directors are (attach on a separate sheet if necessary):

Director Name:
Address

Director Name:
Address

Director Name:
Address

Section 4 - declaration

I (print your name).....

- **declare** that all the details set out above are correct;
- **declare** that I have read, understood and will adhere to the Council's Regulations;
- **understand** the HAC will only use the information provided in performing its functions under the Hearing Aid Council Act 1968 (as amended) and I authorise accordingly the HAC to process my information;
- **understand** that fraudulently procuring an entry in the HAC register may result in criminal proceedings being taken against the company.

Signature _____

Date: _____