

Application to join the LEAPS Directory of Operators



Part 1 – Organisation Information

Please detail the address from which the assets will be managed / controlled.

Trading Title

Company Name (if different from above)

Address

Website

Phone Number

Email Address

LEAPS will add your details to the LEAPS website under the DO, this will identify the organisational details as listed in Part 1 of this form. If you do not want the full details of your address to be available through these services, please tick the box.

Part 2 – Responsible People

Please provide us with the names of two people who are responsible for LEAPS matters. These are the people we will address **all** correspondence to.

Title

First Name

Surname

Telephone Number

Mobile Number

Email Address

Name	Directory of Operators Joining Form	Number	F001
Prepared	KJ	Issue	1.3
Authorised	JR	Date	24/07/2024

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Title

First Name

Surname

Telephone Number

Mobile Number

Email Address

Part 3 – Payment and Fees

LEAPS will contact the Responsible People detailed in Part 2 after registration to confirm payment details.

Part 4 – Declaration

By completing and submitting this information, you are confirming that:

1. The information you are supplying is correct to the best of your knowledge and belief.
2. You agree to and will comply with the LEAPS SOPs.

Signed:

I am duly authorised to sign this declaration:

Name:

For or on behalf of:

Position:

Date:

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Part 5 – Submitting Your Application

Please email your completed application form to enquiries@leapscheme.com

Office Use Only

Account Reference		Member ID	
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