

DECLARATION OF OWNERSHIP

Sole Trader/Partnership/Limited Company

(Full business name)	
	Print Name(One signature compulsory upon application)
Signed	Print Name
Signed	Print Name
I/we agree to comply fully with SAI taken against you)	F's code of practice. (Non-compliance can lead to action being
Private Limited Company Registrati	ion Number
Issued Capital (number of Shares)_	
Director (full name)	No. of shares or %
Director (full name)	No. of shares or %
Director (full name)	No. of shares or %
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	No. of shares or %
Director (full name)	
Director (full name) Other share holders	No. of shares or %No. of shares or %No. of shares or %

- Copies of estimates for two recently arranged funerals issued in accordance with SAIF's Code of Practice
- 2. Copies of the funeral accounts, which relate to the submitted arrangements
- 3. Copies of confirmations to families, which relate to the submitted arrangements
- 4. Copies of confirmations to churches/officiants, which relate to the submitted arrangements
- 5. Price list (This must conform with SAIF's Code of Practice Sec 4 & 5)
- 6. Copy of **PUBLIC** Liability Insurance Schedule, (recommend minimum of £2 million)
- 7. Please enclose payment of £125 to cover the Administration Fee. Cheques must be made payable to SAIF. To pay by debit or credit card, please call SAIF Business Centre on 0845 230 6777.