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## SECURITY TENDER APPLICATION FORM

Company/Trade Name:- \_\_\_\_\_

Contact Name:- \_\_\_\_\_

Address:- \_\_\_\_\_

Postcode:- \_\_\_\_\_

E-mail address:- \_\_\_\_\_ Tel/Mob No:- \_\_\_\_\_

### AMOUNT OF TENDER PER UNIFORMED GUARD:-

**Day Rate:**

**Night Rate:**

Signed: ..... Print Name: .....

FOR (Name of Company) ..... Dated: .....

**Please enclose the following with your Tender:-**

- 1. Risk Assessment Form**

- 2. Copy of Current Insurance Cover**

- 3. Relevant Certificates**

**If the above information is not enclosed with your Tender, your Tender will not be put forward for consideration.**