

**APPLICATION TO SUB-CONTRACT  
OR COLLABORATE ON PROTECTIVELY MARKED (CLASSIFIED) WORK**

**PART 1**

A	From: full name and address of contractor submitting application           Telephone no:		
B	This application concerns: (tick appropriate box)		
1	A sub-contractor in the United Kingdom	<input type="checkbox"/>	Complete Parts 1, 2 & 3
2	A sub-contractor in overseas	<input type="checkbox"/>	Complete Parts 1, C and D, Part 3
3	A pre-contract collaboration/teaming agreement with overseas contractor	<input type="checkbox"/>	Complete Parts 1, C, Part 3
C	From: full name and address of selected company		
D	Full name and address of selected manufacturer (if different from C)		
E	Registration no. of the company & VAT no.: Reg No: VAT No:		
F	Names under which the company has previously traded (if applicable):		

G	Full name, address, registration and VAT no. of parent and/or holding company:						
H	Full name, address, registration and VAT no. of each company holding more than one fifth of the paid up shares, preference shares or loan capital.						
I	Date of formation of business and brief history:						
J	<p>Representative(s) (maximum of two) of sub-contractor with whom proposed work has been/will be discussed:</p> <table data-bbox="220 1585 1401 1854"> <tr> <td data-bbox="220 1585 794 1639">Full name:</td> <td data-bbox="801 1585 1401 1639">Full name:</td> </tr> <tr> <td data-bbox="220 1697 794 1751">AA number (if known):</td> <td data-bbox="801 1697 1401 1751">AA number (if known):</td> </tr> <tr> <td data-bbox="220 1809 794 1863">Position in company:</td> <td data-bbox="801 1809 1401 1863">Position in company:</td> </tr> </table>	Full name:	Full name:	AA number (if known):	AA number (if known):	Position in company:	Position in company:
Full name:	Full name:						
AA number (if known):	AA number (if known):						
Position in company:	Position in company:						

**PART 3**

L	Does the information relate to:	1	UK government contract?	<input type="checkbox"/>	Complete M to Q
		2	Private venture work?	<input type="checkbox"/>	Complete M to P
		3	NATO contract?	<input type="checkbox"/>	Complete M to R
		4	Collaboration discussions	<input type="checkbox"/>	Complete M to P
M	Maximum level of release of protectively marked material:				
N	Name and/or reference of project:				
O	Description of work to be carried out:				
P	Full name and address of project authority:    Telephone no:  E Mail:	Q	Contracting authority:    Contract no:		
R	Name of NATO contracting authority:				

Name of Security Controller: .....

Signature: .....

Date: .....