

# Prevention of Fraud in Travel – PROFIT

## Membership Application Form

[www.profit.uk.com](http://www.profit.uk.com)

[membership@profit.uk.com](mailto:membership@profit.uk.com)

Telephone number: 0208 364 5587

Fax number: 0872 352 5612

23 Wansbeck Court, Waverley Road, Enfield, Middlesex, EN2 7BS

Please complete in capital letters and send to [membership@profit.uk.com](mailto:membership@profit.uk.com) or by fax to 0872 352 5612.

**ALL APPLICATIONS WILL BE VETTED**

For assistance completing your membership form please visit [www.profit.uk.com](http://www.profit.uk.com) or refer to supporting literature provided.

### Section A – Membership type required

(to be completed by all applicants)

(please tick)

Full member:	For members of the travel industry.	<input type="checkbox"/>
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### Section B – Company details

(to be completed by all applicants)

Company name:	
Companies House number:	
Trading name(s):	
Industry sector:	
Core nature of your business:	
Registered address:	
Trading address: (if different from registered address)	
Trade body membership: (include membership number)	
Website url:	

**Section C – Fraud prevention at your organisation** (to be completed by 'Full member' applicants only)

Does your organisation actively implement fraud prevention policies?	Yes/No
If applicable please give details of your fraud prevention policies.	
Does your organisation use internal systems to prevent fraud?	Yes/No
If applicable please provide details of your internal fraud prevention systems.	
Does your organisation use third party systems to prevent fraud?	Yes/No
If applicable please detail what third party fraud prevention systems you use.	
Does your organisation reject fraudulent and high risk bookings?	Yes/No
If applicable please detail how a booking/order/listing is rejected.	
Does your organisation keep a record of fraudulent activity?	Yes/No
If applicable please detail how you keep a record of fraudulent activity.	

**Section D – Fraud prevention personnel**

(to be completed by 'Full member' applicants only)

Contact 1:

Full name:	
Position:	
E-mail address:	
Telephone number:	

Contact 2:

Full name:	
Position:	
E-mail address:	
Telephone number:	

Customer Service contact for the public:

E-mail address:	
Telephone number:	

**DECLARATION**

(to be completed by all applicants)

This form must be completed by a director, partner, sole proprietor or a senior member of staff responsible for fraud prevention.

I confirm that all information detailed is accurate and correct. In the event that the details given change I confirm that I will update the records held by PROFIT.

**Code of Conduct**

I hereby agree that I have read, understood and agree to comply with the PROFIT Members code of conduct. I understand that if my organisation fails to meet the standards set in the code of conduct my organisation will not be permitted to be a member of PROFIT.

**Verifying details**

I give my permission for PROFIT to verify that the information detailed is correct and in accordance with the records held by third parties.

**Further information**

I hereby agree that on request I will supply PROFIT with additional documentation to verify the information detailed.

Print name: ..... Position: .....

Signed: ..... Date: .....

Telephone number: ..... E-mail: .....