

## Disclosure Registration Modification

Protecting Vulnerable Groups Scheme



- \* PLEASE REFER TO THE ACCOMPANYING GUIDANCE NOTES AS YOU COMPLETE THE FORM.
- \* Please print in **CAPITAL** letters within the white boxes and do not make a mark on any other part of the form. We recommend you use **blue** or **black ink**.
- \* See our website [www.disclosurescotland.co.uk](http://www.disclosurescotland.co.uk) for assistance.
- \* Alternatively, email [info@disclosurescotland.co.uk](mailto:info@disclosurescotland.co.uk) with any questions, or phone the help line on **0870 609 6006 (Fax 0870 609 6996)**.
- \* Mandatory fields are highlighted in yellow, you must provide information in these fields or your application will be delayed.
- \* Please make a note of the Barcode Number at the top to assist with any future query.

CHECK TO PROTECT

FOR OFFICIAL USE ONLY

PART A Type of Application (Read Note A)			
A1	Cross (X) one box only.	Modify Registered Person or Countersignatory Details <input type="checkbox"/>	Remove Registered Person or Countersignatory <input type="checkbox"/> Modify Registration Details <input type="checkbox"/>

PART B Organisation Details (Read Note B)	
B1	Organisation Name <input type="text"/>
B2	<input type="text"/>
B3	Registered Body Code <input type="text"/>
B4	Will you be countersigning applications on behalf of another organisation? Yes <input type="checkbox"/> No <input type="checkbox"/>

PART C Registered Person or Countersignatory Code (Read Note C)	
C1	Registered Person or Countersignatory Code <input type="text"/>
C2	Date of Birth <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY <input type="text"/> YY

Name	
C3	Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
C4	Present Surname <input type="text"/>
C5	Present Forename(s) <input type="text"/>
C6	<input type="text"/>

Business Contact Details	
C7	Position in Organisation <input type="text"/>
C8	Contact Phone No. <input type="text"/>
C9	Contact Fax No. <input type="text"/>
C10	Email Address <input type="text"/>
C11	<input type="text"/>

Business Address	
C12	Address (Number, Street) <input type="text"/>
C13	<input type="text"/>
C14	Post Town <input type="text"/>
C15	County <input type="text"/>
C16	Post Code <input type="text"/>

Please answer question C17 when applying to modify Registered Body details. (For all other applications leave blank.)

C17 Do you require the modified address details to be applied to all countersignatories within your organisation? Yes  No

BLANK

