

Full Business Signup

DERBYSHIRE SAFEGUARD

Peace of mind for you and your business



DERBYSHIRE SAFEGUARD

Business

Step 1

Step 2

Step 3

Step 4

Step 5

1. Principal Contact

Please enter your personal information

Required Fields

Title

First Name

Email

Password

Minimum 8 characters or numbers

Last Name

Telephone No.

Mobile No.

Security Question

Mothers Maiden Name

First Pet's Name

Favourite Drink

First or Last School Attended

Favourite Colour

Select one, answer below

Security Answer

Billing Address

Business Name

Building Name / No.

Address Line 1

Address Line 2

Town

County

Postal Code

Daytime

Phone No.

Mobile Number

How Did You Hear About Us?

Select one

Derbyshire and Nottinghamshire Chamber of Commerce and Business Link

Federation of Small Businesses Business Crime Adviser

General Advert

Other

Please Specify



Derbyshire Constabulary

2. Your Premises

Address of the property to be registered

Required Fields █

Same as Billing Address? Yes No

Business Name

Premises Name / No.

Address Line 1

Address Line 2

Town

County

Postcode

Relevant Information

Describe any hazards or dangerous substances the emergency services may need to be made aware of.

Work Patterns

Weekend Working Day Time Only Day Time and Evenings Only 24 Hour Shifts
 Permanent Occasional Never

Extended Leave Yes No

Tick if applicable █

Periods

If yes, please give details if known.

Existing Security

Security At Premises Private Security Monitored Alarm Reference Number
 Other Alarm Panic Alarm

Tick if applicable █

Guarding Co.
Contact Details

CCTV Internal External Monitored Recorded Tick if applicable

3. Keyholder Details

Please fill out at minimum one keyholder

Required Fields 

Keyholders will always be contacted in numerical order with Keyholder 1 being called first

Keyholder 1

Title

First Name

Last Name

Daytime

Phone No.

Evening

Phone No.

Mobile No.

Address Line 1

Address Line 2

Town

County

Postal Code

Keyholder 2

Title

First Name

Last Name

Daytime

Phone No.

Evening

Phone No.

Mobile No.

Address Line 1

Address Line 2

Town

County

Postal Code

Keyholder 3

Title

First Name

Last Name

Daytime

Phone No.

Evening

Phone No.

Mobile No.

Address Line 1

Address Line 2

Town

County

Postal Code

4. Preferred Contractor

Please fill out the forms for preferred contractor

Required Fields █

Should an incident occur at your registered premises and your nominated key holders be unavailable Derbyshire Police may use your preferred contractors listed below to protect your premises should this be necessary. By listing contractors you currently have a working relationship with can save you considerably against the costs incurred by specialist call out companies.

Your preferred contractors should be located within 20 minutes travelling distance from your premises so that their response to an emergency can be timely. Please note that listing your preferred contractors does not guarantee that they will be deployed in all circumstances.

Service Type

Trade Name

Daytime

Phone No.

24-hour No.

Service Type

Trade Name

Daytime

Phone No.

24-hour No.

Service Type

Trade Name

Daytime

Phone No.

24-hour No.

Service Type

Trade Name

Daytime

Phone No.

24-hour No.

5a. Additional Info

Please enter additional information

Mandatory █

Site Manager Details

Title

First Name

Last Name

Daytime Phone No.

24-hour No.

Additional Security Measures During Holidays

In Place? Yes No Tick if applicable

If yes, please give details if known.

5b. Payment Options

Please enter details as to how you will pay for the service

Mandatory

Business Name

Postcode

Service Type Derbyshire Safeguard Bronze £35

Derbyshire Safeguard Silver £85

Voucher Code

If applicable

I have enclosed a cheque made payable to Derbyshire Police Authority for the sum of £ _____

Tick if applicable

I will be paying by Credit / Debit Card the sum of £ _____

Tick if applicable

Please do not send cash payments

Card Type

Visa

Mastercard

Switch

Maestro

American Express

Tick if applicable

Card Details

Name on Card

Credit Card Number

Security Code

The last three digits on the signature strip

Expiry Date

Card Holder Details

First Name

Last Name

House Number

Street

Town or City

County

Post Code

Subscribe to Derbyshire Safeguard Business Community Alerts Yes No

Preferred means of contact

Text Message

Email

Phone Call

Tick if applicable

I agree to the Terms & Conditions

Signature

Date

/ / Day / Month / Year