

<<Business Name>> Business Information Form
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Business and Contact Details

Full Name:		Type:	Please Select...
Contact Address:		No:	
<<Town / City>>	<<Postcode>>		
E-Mail address:			

Registration and Registered Office Details

Registration Number:		No:	
Registered Address:			
<<Town / City>>	<<Postcode>>		

Registration Details

Trade Registration:	Please Select...	
Registrar Name:		
Registration Number:		

Authorisation Scheme:	Please Select...	
Details of Scheme:		

Professional Registration:	Please Select...	
Name of Body:		
Professional Title:		
Location of Body (state):		

After-Sales Guarantee

Guarantee Provided:	Please Select...	
Details of Guarantee:		

VAT

VAT Registered:	Please Select...	
Registration Number:		

Insurance

Insurance Policy:	Please Select...
Insurer Name:	
Contact Address:	
<<Town / City>>	<<POS

Geographical Coverage of Policy:	
Other Relevant Details:	

Complaints

Complaints Procedure:	Please Select...
Details of Procedure:	

Complaints Contact Details

Full Name:	
Contact Address:	
<<Town / City>>	<<POS
E-Mail address:	

Dispute Resolution

Dispute Resolution Procedure:	Please
How to access Procedure:	

Form Completed By:	
Position:	
Signature:	
Date:	