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

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

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>>	<<Postcode>>
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:	

No:	

Dispute Resolution

Dispute Resolution Procedure:	Please
How to access Procedure:	

Form Completed By:	
Signature:	
Date:	

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