

SAGENT/DISTRIBUTOR APPRAISAL QUESTIONNAIRE

1.0 Company Details:

Company :	
Legal Entity :	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company
Name of Company Directors :	1. 2. 3. 4.
Trading style:	
Registered Address	
Address 1:	
Address 2:	
Address 3:	
City:	
County:	
Post Code:	
Country:	
Correspondence Address (If different)	
Website:	
Currency:	
Language:	
Telephone Number	
Mobile Number	

Fax Number	
E-mail	
Company Registration Number	
Company VAT Number	
Other Offices/Branches	

1.0 Company Contacts

Main Contact Name:	
Title Position:	
Telephone Number	
Fax Number	
Mobile Number	
E-mail	

Accounts Contact Name:	
Title Position:	
Telephone Number	
Fax Number	
Mobile Number	
E-mail	

Other Applicable Contact Name:	
Title Position:	

Telephone Number	
Fax Number	
Mobile Number	
E-mail	

2.0 Bank Account Details:

Account Name:	
Account Number:	
Account Sort Code:	
BACS Ref:	
IBAN	
BIC/SWIFT	
ROLL Number	
Bank Name:	
Bank Address 1:	
Bank Address 2:	
Bank Address 3:	
Bank City:	
Bank County:	
Bank Post Code:	
Bank Country:	
Bank Telephone Number	

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5.0 Insurances

Employers Liability

Provider	
Policy number (attach copy of certificate)	
Level of cover	
Expiry date	

Public Liability

Provider	
Policy number (attach copy of certificate)	
Level of cover	
Expiry date	

6.0 Declaration

Company Name	
On behalf of.....* I certify that the details given in this questionnaire are correct.	
* Insert Company Name	
Signed	
Print Name	
Position	
