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| --- | --- | --- | --- | --- | --- |
| **ACCENT GROUP LIMITED – SHORT QUESTIONNAIRE TRAINING ONLY**  **Only valid for one off purchases up to the value of £1000 Training Only**  **Please ensure course details are attached to this form** | | | | | |
|  | | | | | |
| Company Name | ACUITY | | | | |
|  |  | | | | |
| Address | 61 Surrenden Crescent | | | | |
| Town/City | Brighton | | | | |
| County |  | | | | |
| Post Code | BN1 6WE | | | | |
| Telephone | 01273 287114 | | | | |
| Fax |  | | | | |
| Contact Name | Heather Metivier | | | | |
| Position | Administrator | | | | |
| Mobile |  | | | | |
| E-mail | Heather.metivier@arap.co.uk | | | | |
|  | | | | | |
| **COMPANY INFORMATION DETAILS SECTION**  IMPORTANT – Please provide a copy of all insurance certificates | | | | | |
|  | | | | | |
| Company Registration Number (if applicable) | | | | 3503391 | |
|  | | | | | |
| Are you VAT registered? | | Y | If ‘Yes’ VAT Registration Number | | 889 4400 81 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have Public Liability Insurance? | Y | If ‘Yes’ Value of cover | £1000000 | PLI expiry date | 31 |  | 10 | - | 2014 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Thank you for taking the time to complete this questionnaire Please return this form either by post or email to your Accent Contact / Local Office | | | | | | | | | | | | | | | | | | | | | | |
| THIS SECTION MUST BE COMPLETED IN FULL BY THE LOCAL ACCENT OFFICE  Please note: The authoriser of this form is solely responsible for ensuring that evidence of Public Liability Insurance (PLI) is provided by the new supplier / company. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Business Unit | Corporate Services | |  |  | Foundation |  |  | Nene |  | |  | Peerless | | | |  | |  | | ARCP |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Requested by | |  | | | | | | | | Date | | |  | - |  | | - | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Authorised by | |  | | | | | | | | Date | | |  | - |  | | - | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **CPT use only** – New Supplier number | | | | | | | | | Input By ………………………………………..  Date…………………………………………….  Confirmed delete date ………………………. | | | | | | | | | | | | | |