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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 |

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| Thank you for taking the time to complete this questionnairePlease 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 OFFICEPlease 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 ………………………. |