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| --- | --- | --- | --- | --- |
| **SECTION 1: COMPANY DETAILS - (PLEASE COMPLETE IN BLOCK CAPITALS AND IN BLACK INK)** | | | | |
| **Trading Name:** |  | | **Tel No:** |  |
| **Building Name / Number:** |  | | **Fax No:** |  |
| **Street Name:** |  | | **e:mail:** |  |
| **Town:** |  | | **Web address:** |  |
| **Country:** |  | | **Year of company registration:** |  |
| **Post/Zip code** |  |  | **Registration Number:** |  |
| **Previous Address:**  **(If less than 2 years at present address)** |  | | **Date of Application:** |  |

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| **CONTACT DETAILS** | | | |
| **Primary Contact:** |  | **Tel No:** |  |
| **Job Title:** |  | | |
| **Primary Email:** |  | | |
| **Director(1) Name:** |  | **Mobile:** |  |
| **Director(1) Email:** |  | **Country of Residence** |  |
| **Director(2) Name:** |  | **Mobile:** |  |
| **Director(2) Email** |  | **Country of Residence** |  |
| **Accounts Contact:** |  | **Tel No:** |  |
| **Job Title:** |  | | |
| **Accounts Email:** |  | | |
| **Have any of the Directors/Partners or Sole Traders been subject of bankruptcy or IVA or hand any CCJ’s registered against them?** | | | **YES / NO** |
| **If a Director, have you been involved in a business which went into liquidation / receivership / administration or CVA?** | | | **YES / NO** |

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| --- | --- | --- | --- |
| **TRADE REFERENCES** | | | |
| **Company 1:** |  | **Tel No:** |  |
| **Contact** |  | **Email:** |  |
| **Company 2:** |  | **Tel No:** |  |
| **Contact** |  | **Email:** |  |

**Please provide details of your intended business with Seabrook’s**

|  |  |
| --- | --- |
| **SECTION 2 - DESCRIPTION OF YOUR BUSINESS** | |
| **Description of your**  **business** |  |
| **Types of products** |  |
| **List of loading points** |  |
| **List of destinations** |  |
| **Anticipated volumes** |  |
| **Storage requirements** |  |
| **Other Comments** |  |

**Please provide the following documentation in support of your application as this assists our Due Diligence Requirements.**

**Your application can only be processed once this information has been received and verified.**

**Please note: By completing and returning this application to Seabrook Global Logistics Ltd, you are confirming that you have read and agree to our Terms & Conditions (BIFA).**

**These can be found on our Company Website:-** [**www.seabrooks.uk**](http://www.seabrooks.uk)

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| --- | --- |
| **SECTION 3 - DOCUMENTATION REQUEST**  ***(Please indicate, yes/no as applicable – Please attached a copy of the document to your application)*** | |
| Certificate of Incorporation or Business Registration applicable in your Country | **yes/no** |
| Certificate of VAT or equivalent applicable in your Country | **yes/no** |
| EORI Registered – Advise No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **yes/no** |
| Letter on Company Letterhead - Requesting to open an account with Seabrook’s, signed by a Director/Partner/Owner | **yes/no** |
| Please provide a Utility Bill (Rent/Phone/Electric or Gas) confirming Company Name & Address  (Valid within last 3 months) | **yes/no** |
| Please provide Bank document confirming your bank account details.  Bank Name & Address, Sort Code, Account Name, Account Number, IBAN, BIC. | **yes/no** |
| If trading in Alcohol & UK Registered Company - Please provide a copy of your HMRC approval for AWRS (Duty Paid, Wines, Beers & Spirits &/or WOWGR (Duty Suspended, Beers & Spirits). | **yes/no** |
| Please provide copy if registered with Money Laundering Regulations (MLR) | **yes/no** |

**Signed………………………………………………………… Date……………………………………**

**Name of Authorised Signature…………………………….. Company Position………………….**

**Company Stamp**