

COMPANY DETAILS

SURVEYOR APPLICATION

Firm / Company Name

Company Address

Telephone Fax

CONTACT NAMES

Senior Contact

Admin Contacts

Directors / Partners

ACCOUNTING / INSURANCE

Are you VAT Registered Yes No *Please enclose certificate

Firm type? Limited Partnership Sole Practitioner

Professional indemnity insurance amount* £

Professional indemnity renewal date

Public liability insurance amount* £

Public liability renewal date

SURVEYORS / VALUERS DETAILS

Name	Qualifications	Years Experience	Diploma Number	VRS Reg	RICS No.	Base Postcode
eg. David Smith	MRICS	10	12345	12345	12345	OX9

POSTCODE
COVERAGE

Name	Branch	Postcode Areas	Survey Type
eg. David Smith	Thame	OX - ALL / HP 1-22	HB Only

Continue on page 4 if needed

COMPANY
INFORMATIONDate company established Do you carry out residential valuations Yes No

Name of lenders you currently undertake valuation work for

DO YOU UNDERTAKE:

Homebuyers reports Yes NoBuilding surveys Yes NoHome condition reports Yes NoSnagging reports Yes NoValuations for SIPP and/or SASS pension fund release Yes No

SIGNATURE

I confirm the above information given to be an accurate statement of my Company/Firm as at the date shown below. I agree to notify The Moving Portal Limited immediately of any changes to these details.

Signed _____ Director/Partner/principle)

Name _____ Date _____

