



This is a self-assessment invoice. This should be assessed by the subscriber and **completed in full and returned to us with your subscription payment.**

Please **retain a copy** of your subscription for VAT purposes.

Premier House  
First Floor  
1-5 Argyle Way  
Stevenage  
Hertfordshire  
SG1 2AD

info@thefurnitureombudsman.org  
www.thefurnitureombudsman.org

**Please complete all sections in block capitals and return this copy to us.**

## Contact Details

Contact Name:			
Company Name:			
Trading Name (if different):			
Main Address:			
Street:			
Town/City:			
County:		Post Code:	
Tel No.:		Twitter:	
Email:			
Website:			

## Website Profile

Please give a brief profile of your company which we will publish on our website. (max. 75 words)

## Trader Information:

Please list products and services relevant to this application.	
VAT Number:	
Company Registration Number:	
Trade Association Memberships:	
Buying Group Memberships:	
<b>Turnover:</b> Please provide turnover for the goods and services to be covered by our ADR service (from the last financial year).	£

## Additional Company Contacts:

Position	Name	Telephone No.
MD/CEO		
Marketing / PR		
Accounts		
Customer Services		
Other (Please specify):		

## How did you find out about us?

(Please tick as appropriate)

Our website:	<input type="checkbox"/>	Colleague:	<input type="checkbox"/>
From another member:	<input type="checkbox"/>	Word of mouth:	<input type="checkbox"/>
Search engine:	<input type="checkbox"/>	Trade press:	<input type="checkbox"/>
Other (Please specify):			

## Membership Subscription:

1. <b>Annual Membership Fee</b>	£150.00	annual fee payable by all members
2. <b>Subscription by Turnover</b>	£	8.75p per £1000 of the gross turnover stated above. e.g. £1,500,000 = 1,500,000 x 0.0000875 = £127.50 This figure is subject to a minimum fee of £87.50
3. Sub-Total	£	the total of no.1 (mem. fee) and no.2 (sub. by turnover)
4. VAT	£	at 20% of no.3 (Sub-Total)
5. Total	£	The total of no.3 (Sub-Total) and no. 4 (VAT)

## Payment Options

(Please tick your chosen option)

- Cheque  Please make cheques payable to 'Dispute Resolution Ombudsman Limited' and return with your completed form
- BACS  Please transfer the amount to the below account and return your form to us:  
**Account Name: Dispute Resolution Ombudsman Limited**  
**Account Number: 63805212**  
**Sort Code: 20-41-15**
- Invoice  Invoice will be raised, membership will not be live until the payment has been received in full.

## Rules of Full Membership

It is important that you read and understand your obligations when becoming a Full Member of Dispute Resolution Ombudsman Limited. These are set out in the Rules of Full Membership, which also incorporate the Code of Practice and the Rules governing our Alternative Dispute Resolution Service (together Rules). We are an ethical organisation which helps to bestow additional rights upon consumers. In turn this helps to inspire confidence in your business. To download a copy of the Rules please visit our website. Your agreement with Dispute Resolution Ombudsman Limited is also governed by its Terms of Business.

## Member's Declaration

We understand and accept the responsibilities and obligations which arise as a Full Member. We have read and accept the Rules of Full Membership (including where relevant The Furniture Ombudsman Payment Protection Scheme), the Code of Practice and the Rules Governing the Ombudsman's Alternative Dispute Resolution Service. We pledge to support and promote the aims and objectives of Dispute Resolution Ombudsman Limited and accept that a failure on our part to honour the Rules may lead to our Full Membership being terminated and may also constitute a breach of the Consumer Protection from Unfair Trading Regulations 2008. We acknowledge that the Terms of Business apply to our agreement with Dispute Resolution Ombudsman Limited.

Signature:	
Date:	
Name:	
Position:	