

Full Membership Application



Second Floor
3-4 Viewpoint Office Village
Babbage Road
Stevenage
Hertfordshire
SG1 2EQ

info@thefurnitureombudsman.org
www.disputeresolutionombudsman.or
www.thefurnitureombudsman.org

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. Your membership subscription is a **tax-deductible** expense.

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:		Fax No:	
Email:		Website:	

WEBSITE PROFILE

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

BUSINESS INFORMATION

Total number of retail outlets:		Please list all addresses on a separate sheet of paper
Please list Product Line(s) relevant to this applications		
Do you trade via the internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VAT Number:		
Company Registration Number:		
Trade Association Memberships:		
Buying Group Memberships:		
Turnover: Please give the total sales of the relevant goods and services for the last financial year (to be covered by our ADR service, i.e. furniture, home improvements, electrical goods, clothes etc.)		£

ADDITIONAL COMPANY CONTACTS

Position	Name	Telephone Number

HOW DID YOU FIND OUT ABOUT US? (Please tick as appropriate)

Our Website		Colleague	
From another member		Word of mouth	
Search engine		Trade Press	
Other... Please specify			

MEMBERSHIP SUBSCRIPTION

1. Annual Membership Fee	£125.00	annual fee payable by all members
2. Subscription by Turnover	£	8.5p per £1000 of the gross turnover stated above. e.g. £1,500,000 = 1,500,000 x 0.000085 = £127.50 ** This figure is subject to a minimum fee of £85.00**
3. Sub-Total	£	the total of no.1 (reg. 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**

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: