



ails	Company Name			surveyo	or application.		
company details	Company Address						
com							
	Telephone						
	Email						
es							
nam	Senior Contact						
contact names	Admin Contact						
cor	Directors / Partners						
ance	Are you VAT Registered?	Yes	No	)			
usur	Company type?	Limited	Pa	rtnership	Sole Practitioner		
accounting / insurance	Professional indemnity insurance amount* £ *please enclose professional indemnity insurance certificate						
ount	Professional indemnity renewal date						
acc	Public liability insurance amount **please enclose public liability insurance cert	t** ificate	£				

Public liability renewal date

surveyor / valuer details

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

Continue on page 3 if needed



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

Continue on page 4 if needed

uo	Date company established DD/MM/YYYY		
company information	Do you carry out residential valuations?	Yes	No
infe	Name of lenders you currently undertake valuation work for		
any			
d L o			
Ŭ			
	Do you undertake:		
	RICS Home Survey - Level 2 (survey only)	Yes	No
	RICS Home Survey - Level 2 (survey & valuation)	Yes	No
	RICS Home Survey - Level 3	Yes	No

## signature

I confirm the above information given to be an accurate statement of my Company 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		



surveyor / valuer details

continued from page 1

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



postcode coverage

continued from page 2

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