

# PARTNERSHIP PROPOSAL FORM - NSS

Boxes in bold are mandatory and MUST be completed every time



Enter 'X'  A New or an Existing Customer Proposal  
 as appropriate  An Existing Customer whose Network vehicles are being replaced  
 A recently approved Network Customer whose F8 Quotation has changed

Proposal Date  (dd/mm/yy)

**If more than two Partners complete the Addendum**

**Franchisee Details**  
 Franchisee Name MW vehicle Contracts  
 Sales Person \_\_\_\_\_  
 Tel No. 0116 259 9548  
 Fax No. 0116 259 9549

**Partners Details - IN DESCENDING ORDER OF SHARE**

**First Partner**

Title / 1st Name  /   
 Middle Initial / Name \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Current Address   
 (If less than 60 months at address list previous address below & use separate addendum if necessary)  
 Post Code   
 Residential Status **Owner / Tenant / Living with Parents or Family / Other**  
 Home Phone No.   
 Alt Phone No. \_\_\_\_\_  
 Time at Address  (months)  
 Previous Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code   
 Time at Previous Address  (months)  
 Date of Birth  (dd/mm/yyyy)  
 Number of Dependents \_\_\_\_\_ Marital Status **Married / Single / Living with Partner / Divorced / Widowed / Other**

**Business Details**

Trading Name   
 Business Address   
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code   
 Main Phone No.   
 Alt Phone No. \_\_\_\_\_  
 Fax No. \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Website address \_\_\_\_\_  
 Property Status **FREEHOLD / LEASEHOLD / RENTED**  
 Contact Type **PARTNER / FLEET MANAGER / DRIVER / OTHER**  
 Title / 1st Name  /   
 Middle Initial / Name \_\_\_\_\_  
 Surname \_\_\_\_\_

**Bank Details**

Bank Name   
 Branch   
 Account Name   
 Account No.   
 Sort Code  -  -

Do you wish to add any other Addresses?  **YES / NO**  
 IF YES, COMPLETE ADDENDUM

No. of current Partners   
 No. of current Employees   
 Date of Current Ownership of Business  (dd/mm/yyyy)  
 Turnover for last full trading year   
 VAT Number   
 Nature of Business

**Second Partner**

Title / 1st Name  /   
 Middle Initial / Name \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Current Address   
 (If less than 60 months at address list previous address below & use separate addendum if necessary)  
 Post Code   
 Residential Status **Owner / Tenant / Living with Parents or Family / Other**  
 Home Phone No.   
 Alt Phone No. \_\_\_\_\_  
 Time at Address  (months)  
 Previous Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code   
 Time at Previous Address  (months)  
 Date of Birth  (dd/mm/yyyy)  
 Number of Dependents \_\_\_\_\_ Marital Status **Married / Single / Living with Partner / Divorced / Widowed / Other**

**Data Protection - how we'll use your information**

This notice applies to all applicants and (if the application is made by a limited company or partnership / unincorporated association) directors and partners. We'll check your details with credit reference and fraud prevention agencies ("the agencies") and they'll record our check and provide us with information about you. We'll tell the agencies if we think you've given false information or suspect fraud. We'll also give credit reference agencies information about how you manage your account. We and other companies will use this information to assess you and your household for: credit and credit related services; motor, household, credit, life and other insurance proposals and claims; debt tracing and recovery; prevention of fraud and money laundering; statistical analysis about credit, insurance and fraud; and market research. We may also disclose your information to other subsidiaries or associates of Inula Holding UK Limited.

We use credit scoring techniques to help us assess your proposal. Please write to us at 165, Bath Road, Slough, SL1 4AA if you want a copy of the information we hold about you, or phone us on **0800 0859829** for details of the agencies.

Name(s) Sign & Print: \_\_\_\_\_ (On behalf of Applicant)  
 \_\_\_\_\_ (All Partners to consent - Enter full name(s) in BLOCK CAPITALS)  
 \_\_\_\_\_  
 \_\_\_\_\_ Date