

Combined enquiry and consent form

Private and confidential

1 Enquiry to the Manager

Please write clearly in the white spaces with capital letters or tick the boxes.

Bank Name:	<input type="text"/>	Branch address:	<input type="text"/>
Sort Code:	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Postcode:	<input type="text"/>

2 Enquiry From

Contact name:	<input type="text" value="Carla Davies"/>	Full Address:	<input type="text" value="Communications House"/>
Company name (if applicable)	<input type="text" value="Anglia Telecom Centres"/>		<input type="text" value="166 Handford Road"/>
Daytime contact numbers and dialling codes	<input type="text" value="Telephone: 01473 382000"/>		<input type="text" value="Ipswich, Suffolk"/>
	<input type="text" value="Fax: 01473 382011"/>	Date of request:	<input type="text" value="IP1 2BH"/>
			<input type="text"/>

3 Details of the subject of the enquiry

I/We request your opinion as to the means and standing of:	Purpose (Nature of commitment)
Customer's full name and address (business account)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	Total amount: <input type="text"/> Amount per payment: <input type="text"/>
Postcode: <input type="text"/>	£ <input type="text"/> £ <input type="text"/>
Sort code and account number (for identification purposes only)	Number of payments and frequency: <input type="text"/>
<input type="text"/>	<input type="text"/>

4 How you wish to pay for the enquiry

Please tick only one box

<input type="checkbox"/> I/We enclose cheque for the payment of your fee	<input type="checkbox"/>
<input type="checkbox"/> Please charge your fee to my/our VISA/Mastercard account	<input type="checkbox"/>
Card Number: <input type="text"/>	Signature(s): <input type="text"/>
Expiry Date: <input type="text"/>	Date: <input type="text"/>

5 Customer's consent

To be filled in by the customer named in Section 3 and signed in accordance with the mandate held by the Bank.

A copy of the reply to this enquiry can be made available to the customer on request.

I consent to my bank providing a reference on me to the person/company named in Section 2

Full Name:	<input type="text"/>	Signature:	<input type="text"/>
Or	<input type="checkbox"/>	A blanket authority/continuing specific authority is attached, or already held by the bank	<input type="text"/>