

## ORDER FORM



**Note:** Subscriber to complete Order Form and any necessary supplemental sheets in full and return (either by fax, post or email) to Employmentor (see below). Following receipt of which we will activate your Subscription.

Business Name: (Company/Partnership/Sole Trader) e.g. Smiths Ltd t/a McDonalds	
Business' Registered Office or Address:	
Business' Trading Address: (if different from above)	
Point/name of contact for this service:	
Contact's position within the Business: (tick more than one if appropriate)	Director <input type="checkbox"/> Partner <input type="checkbox"/> Owner <input type="checkbox"/> Other..... (please state)
Work Number (incl. STD code):	
Mobile Number:	
Contact Email (secure/private):	
Annual subscription price (invoiced at the beginning of each subscription year): (Please tick appropriate box)	£ 650 plus VAT (0 to 10 employees) <input type="checkbox"/> £ 775 plus VAT (10 to 20 employees) <input type="checkbox"/> £ 950 plus VAT (20 to 30 employees) <input type="checkbox"/> £1,100 plus VAT (30 to 50 employees) <input type="checkbox"/> £____ plus VAT (where agreed with LP) <input type="checkbox"/>
Date subscription to begin:	

## Identification Information

The following information must be provided in order for us to conduct an Identification Verification Search; an exercise that we are required to carry out by The Law Society. By signing this Order Form you agree to us carrying out this check.

In the event that this on-line ID verification is unsuccessful, we will need to ask you to post to us two forms of original ID documentation (for example a passport and a utility bill with your current address shown). Hopefully this will not be necessary.

Position within the Business: (tick more than one if appropriate)	Principle Director <input type="checkbox"/> (and Shareholder <input type="checkbox"/> Partner <input type="checkbox"/> Owner <input type="checkbox"/>
* Full Name including middle names and any previous names:	
Current Residential Address:	
Previous Residential Address (if not resided at current address for more than 12 months):	
Telephone Number at current Residence:	
Date of birth:	
If also a Shareholder state percentage shareholding of issued share capital	
No. of supplemental Sheets attached:	

\* In the event of a Company or Partnership where, by virtue of the business model, there is more than one Director and/or more than one Shareholder or more than one Partner, **the above details need to be provided for each and every Director, each and every majority Shareholder (>50%) and each and every Partner.** Without this information, we are unable to identify "our client" (the Company or Partnership) in full. Supplemental information sheets are attached to the end of the Order Form, should they be required.

## Terms and Conditions

Full details of Employer's Terms and Conditions of Subscription are available to download from our website ([www.employmentor.co.uk](http://www.employmentor.co.uk)).

**To Order**

Simply complete this form in full along with any necessary supplemental sheets and return to Dan Chapman by fax (01603 760472), by email ([dchapman@leathesprior.co.uk](mailto:dchapman@leathesprior.co.uk)) or by post to Employmentor, 74 The Close, Norwich, NR1 4DR following which we shall be in touch with your passwords and login details.

Shortly after subscribing, Employmentor will invoice you in respect of the full amount due. Payment is due 28 days thereafter by either cheque (made payable to Leathes Prior Solicitors) or electronic bank transfer (to Leathes Prior Client Account with HSBC at 18 London Street, Norwich, NR2 1LG; Sort Code: 40-35-09; Account No. 23236633)

**By signing this document you acknowledge that you have read and understood the Terms and Conditions of Subscription and that you are happy for Employmentor to carry out the necessary identity verification checks.**

Signed ..... Date: .....

Print Name: .....

**Supplemental Sheet**  
(Only for use by Companies and Partnerships)

Position within the Business: (tick more than one if appropriate)	Director <input type="checkbox"/> (and Shareholder <input type="checkbox"/> ) Partner <input type="checkbox"/> Owner <input type="checkbox"/>
* Full Name including middle names and any previous names:	
Current Residential Address:	
Previous Residential Address (if not resided at current address for more than 12 months):	
Telephone Number at current Residence:	
Date of birth:	
If also a Shareholder state percentage shareholding of issued share capital	