

THE BIRMINGHAM ASSAY OFFICE
 PO BOX 151 NEWHALL STREET,
 BIRMINGHAM B3 1SB
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 FAX: 0121 236 9032
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REG NO.
DATE
ORIGINAL BOOK NO.
REGISTRATION FEE REQUIRED £60.00 + VAT
RE-REGISTRATION FEE REQUIRED £30.00 + VAT
PUNCHES FROM £70.00 + VAT FOR UP TO 2 INITIALS

REGISTRATION/ RE-REGISTRATION

PLEASE COMPLETE THE BLUE PRINTED SECTIONS IN BLOCK CAPITALS

SPONSOR'S MARK		SHIELD DESIGN NO.		CASH/£ ACCOUNT NO.		ADDRESS CODE			
NAME OF PROPRIETOR/COMPANY						COMPANY NUMBER If applicable			
NAME OF BUSINESS if different from that of proprietry/company						COMPANY VAT NUMBER			
PLACE OF BUSINESS TEL EMAIL				REGISTERED OFFICE ADDRESS if different from place of business TEL					
SPONSOR'S NAME			SPONSOR'S STATUS			CUTTING IN ALLOWED YES/NO			
TRADE			EXPORT YES/NO			NEW BOOK REG			
ORIGINAL REGISTRATION DATE				LATEST REGISTRATION DATE					
NATURE OF BUSINESS please tick		0 MANUFACTURING	1 WHOLESALE	2 RETAIL	3 IMPORT	4 STUDENT HOBBYIST & OTHERS			
In addition to the Partners/Directors or the Sole Proprietor listed overleaf, I/We hereby authorise the following to sign Assay notes on our/my behalf. They are aware of your trading conditions.									
NAME IN FULL				SPECIMEN SIGNATURE					
1 _____				1 _____					
2 _____				2 _____					
3 _____				3 _____					
The companies listed below are authorised to use our sponsor's punch and submit work on our behalf. They are aware of your trading conditions.									
1 _____				1 _____					
2 _____				2 _____					
3 _____				3 _____					
PUNCH MARKS									
1st		2nd		3rd		4th		5th	
No.		No.		No.		No.		No.	
6th		7th		8th		9th		10th	
No.		No.		No.		No.		No.	

NAMES IN FULL AND PRIVATE ADDRESS OF ALL DIRECTORS, PARTNERS AND THE SOLE PROPRIETOR:

NAME(S):

SPECIMEN SIGNATURE

1	
2	
3	
4	
5	
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11	
12	
13	
14	
15	

Attach a continuation sheet if necessary

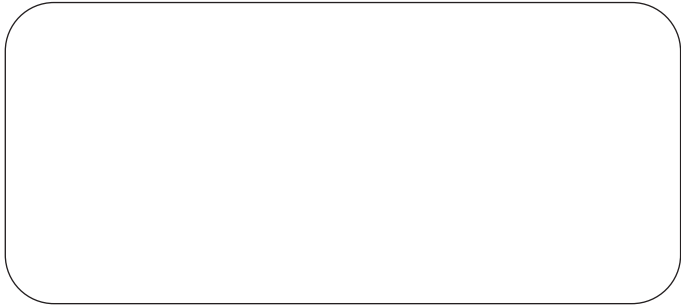
I declare the foregoing particulars to be true and correct and undertake to forward to the Assay Office before use every punch or other equipment used for striking sponsor's marks.

SIGNATURE

DATE

(to be signed by the Principal, Director, Partner or Sole Proprietor)

Update of Specimen Signature



NOTES

PUNCH MARKS

11th	12th	13th	14th	15th
No.	No.	No.	No.	No.
16th	17th	18th	19th	20th
No.	No.	No.	No.	No.

REG. FORM RECEIVED

ACCOUNTS

COMPUTER INPUT

INVOICED

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