



VALUATION SERVICES SUBMISSION FORM

1. YOUR DETAILS (PLEASE WRITE IN BLOCK CAPITALS)		2. SERVICE LEVEL REQUIRED	
1A RETAILER NAME:		1B PRIVATE CUSTOMER / END CUSTOMER NAME:	
ADDRESS: (First line)		SAME DAY SERVICE Items must be received by 09:30. Ready by 15:30 same day for collection, or overnight despatch. 100% additional charge applies	
POSTCODE:			
BRANCH NO: (If applicable) ACC NO. (If known)		NEXT DAY SERVICE* Items must be received by 09:30. Ready by 15:30 for collection or despatch on the following working day. 50% additional charge applies	
CONTACT NAME:		STANDARD SERVICE Standard lead-time and charges apply	
TEL NO:			
EMAIL:		POSTCODE: TEL NO:	
TICK HERE FOR SHOP STOCK VALUATIONS		EMAIL:	

3. ITEM DETAILS		
Please note: All information relevant to the valuation must be submitted so that it can be considered when appraising the item(s). Examples include diamond certificates, previous valuations, purchase receipts, and service history documents.		
QTY	PROVISIONAL DESCRIPTION (FOR IDENTIFICATION ONLY)	COMMENTS/ESTIMATED VALUE - PLEASE INCLUDE DETAILS OF ANY ADDITIONAL DOCUMENTS PROVIDED
Confirm TOTAL NUMBER of items sent		

4. PURPOSE OF VALUATION		
1. INSURANCE	This represents the average high street replacement value for a comparable item.	
2. SALE BETWEEN PARTIES (Sale by private treaty)	When one person wishes to sell an item in a private capacity usually between auction and retail price.	
3. FAMILY DIVISION (Division of Asset)	The hypothetical prices likely achieved at a public auction. A minimum starting value for negotiation.	
4. PROBATE	The open market value of a deceased's property at the date of death. You must also provide the name of the deceased and the date of death. Name of Deceased Date of Death	

5. RETURN TO:		ITEM RETURN METHOD:	
ADDRESS:		ROYAL MAIL SPECIAL DELIVERY	
		COLLECTION	
		POST CODE:	
I confirm that I am authorised to submit the property detailed on this valuation submission form for the purpose specified. I agree that any description(s) of the property provided is based solely on provisional assessment and that the valuer is not bound by any description, which proves after inspection to be different from those detailed above. I accept the terms and conditions of business for the provision of valuation services. Full terms and conditions can be found at www.safeguardvaluations.com		6. PAYMENT METHOD	
		CREDIT ACCOUNT	
		Account forms must be submitted and pre-approved by the finance Dept.	
		CREDIT/DEBIT CARD	
		USE CARD ON FILE	
RETAILER SIGNATURE: PRINT: DATE:		CALL FOR CARD DETAILS	
RECEIVED BY SAFEGUARD REPRESENTATIVE: DATE:		PAY ON COLLECTION	
		BANK TRANSFER Assay Office Birmingham Sort Code: 40-11-18 Acc. No. 00401900	