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| **Name of Owner:** |
| **Home Address:** |
|  | **Postcode:** |
| **Email Address:** |
| **Home Phone:** | **Mobile Phone:** |
| **Next of Kin:** |
| **Next of Kin Email:** | **Next of Kin Phone:** |
| **Name of Vessel:** | **Overall length (metres):** |
| **CRT Registration No:** | **Licence Expiry Date:** |
| **Boat Safety Cert:** | **Expiry Date:** |
| **Name of Insurance Company:** |
| **Policy Number:** | **Renewal Date:** |
| **Car Number Plate/s:** |  |
| **Anticipated date of mooring commencement:** |
| **Anticipated mooring duration:** | **Mooring number requested:** |
| **Tariff/usage: (please see guidance with mooring rates)** |
| **I wish to be charged monthly/ quarterly/ annually/ 3yrs** *(delete as appropriate). All moorings fees to be paid in advance.* |
| **I wish to pay for my mooring by; cash / cheque / card / standing order / BACS** |
| **It would be helpful if you can include a photo of the principal owner/s.** These will remain in the office and will not be put on display. (please put the name of the people in the photograph onthe back of the photo) |
| **I HAVE READ AND AGREE TO ABIDE BY THE TERMS & CONDITIONS AS SET OUT BY WITHYBED MOORINGS Note: 3 months Notice is required to terminate the mooring.** **Signed (Owner): Date:** |
| **Office Use Only:** **Actual Date of Mooring Commencement …………………………….. Berth Allocation …………………………………** |
| **RESERVATION FEE:** **Amount £……………………….. Card / Cheque / Cash / BACS Name on cheque / BACS ……………………………… Date payment rec’d ………………………………... By DSM …………………………………….................... Invoice No.** …..……………………………… |
| **MOORING FEES:** **Amount Due £………………….………………........................ Frequency - Monthly / Quarterly / Annually** **1st payment received (date):…………………………………. FD Recorded by: ………………………………………... Card / Cheque / Cash / BACS / Standing Order Name on cheque / BACS / S-O ………………………………………… 1st invoice no ……………………… Recurring invoice created ………………………….. (date & initial) Notes:** |

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