



07983 366213

vijay@vinvineyards.com

www.vinvineyards.com

7 John Thresh Way,
Langford, Essex CM9 6FR

ALCOHOL WHOLESALER REGISTRATION SCHEME DUE DILIGENCE QUESTIONNAIRE

Please complete this document and return to: vijay@vinvineyards.com

COMPANY DETAILS	
Trading Name	
Trading Address	
Registered Office Address	
Contact Telephone	
Contact Email	
Business Type (Please Tick All Applicable)	<input type="checkbox"/> Independent Retailer <input type="checkbox"/> Internet Trader <input type="checkbox"/> Travel Retail <input type="checkbox"/> Whole Saler <input type="checkbox"/> Hotel <input type="checkbox"/> Cash & Carry <input type="checkbox"/> Wine Bar <input type="checkbox"/> Restaurant <input type="checkbox"/> Imported/Agency House <input type="checkbox"/> Other (Please provide Details).....
Company Registration Number	
VAT Number	
AWRS Number (If Applicable)	



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CONTACT DETAILS	
Directors' Name	Signature

COMMENTS AND FURTHER INFORMATION