

SECTION 1 – GENERAL			
Single / Multiple / Staggered Agreement?	Single <input type="checkbox"/>	Multiple <input type="checkbox"/>	Staggered <input type="checkbox"/>
Name of Source material to be deposited (please enclose the Source material with the completed Order)			
Who will pay the fees? (please specify Owner, User, or (in the case of a Staggered Agreement only) Distributor)			
Invoice PO Number (please quote purchase order number)			
Current Agreement number (applicable only if converting from a Single to Multiple Agreement or adding additional Users to a Multiple Agreement)			

SECTION 2 – OWNER AND USER DETAILS			
Owner		User	
Company Name		Company Name	
Contact Address		Contact Address	
Registered Address (and company registration number)		Registered Address (and company registration number)	
VAT no		VAT no	
Contact name		Contact name	
Job title		Job title	
Tel		Tel	
Fax		Fax	
Email		Email	
I confirm that I have read the Terms of Business Signed for and on behalf of the Owner by:		I confirm that I have read the Terms of Business Signed for and on behalf of the User by:	
Signature		Signature	
Date		Date	
Name		Name	
Position		Position	
<p>Data Protection Notice: Intellect will use the information you provide to us for marketing, administration, statistical analysis and promotional purposes (including delegate lists and badges). We may contact you by telephone, fax, post or email. Your data will be made available to approved suppliers of Intellect services, who will contact you only in connection with these services. You can choose not to have your details disclosed by ticking below. Intellect takes all reasonable measures to ensure that the information it holds is accurate. You are entitled to see a copy of the information we hold on you at any time, and you can have that information corrected if it is inaccurate.</p> <p style="text-align: right;">Owner opt out <input type="checkbox"/></p>		<p>Data Protection Notice: Intellect will use the information you provide to us for marketing, administration, statistical analysis and promotional purposes (including delegate lists and badges). We may contact you by telephone, fax, post or email. Your data will be made available to approved suppliers of Intellect services, who will contact you only in connection with these services. You can choose not to have your details disclosed by ticking below. Intellect takes all reasonable measures to ensure that the information it holds is accurate. You are entitled to see a copy of the information we hold on you at any time, and you can have that information corrected if it is inaccurate.</p> <p style="text-align: right;">User opt out <input type="checkbox"/></p>	

Eileen Carroll; Intellect Services T +44 (0) 20 7331 2002; F +44 (0) 20 7331 2040; E eileen.carroll@intellectuk.org

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SECTION 2A – DISTRIBUTOR DETAILS		(ONLY APPLICABLE IF YOU ARE ORDERING A STAGGERED AGREEMENT)	
Company Name			
Contact Address			
Registered Address (and company registration number)			
VAT no			
Contact name			
Job title			
Tel			
Fax			
Email			
I confirm that I have read the Terms of Business			
Signed for and on behalf of the Distributor by:			
Signature			
Date			
Name			
Position			
<p>Data Protection Notice: Intellect will use the information you provide to us for marketing, administration, statistical analysis and promotional purposes (including delegate lists and badges). We may contact you by telephone, fax, post or email. Your data will be made available to approved suppliers of Intellect services, who will contact you only in connection with these services. You can choose not to have your details disclosed by ticking below. Intellect takes all reasonable measures to ensure that the information it holds is accurate. You are entitled to see a copy of the information we hold on you at any time, and you can have that information corrected if it is inaccurate.</p>			
			Distributor opt out <input type="checkbox"/>

SECTION 3 – ESCROW TRANSFER		(ONLY APPLICABLE IF YOU ARE TRANSFERRING TO INTELLECT FROM AN ALTERNATIVE ESCROW PROVIDER) (PLEASE ALSO COMPLETE SECTIONS 1, 2 AND, IF APPLICABLE, 2A)	
Name of existing escrow provider (please enclose a copy of all applicable escrow contracts)			
<p>I agree that Intellect will contact me to discuss the feasibility of, and arrangements for, the transfer. If I agree to proceed, I permit Intellect to take all reasonable steps to terminate my existing escrow arrangements (as detailed above), which will include contacting my existing escrow provider and all applicable users, and I further agree to provide Intellect with all reasonable assistance and co-operation during this process.</p>			
			Please contact me <input type="checkbox"/>

Please ensure that all parts of this form are complete & return to Eileen Carroll at the address below.

Signed for and on behalf of Intellect by:			
Signature		Date	
Name		Position	

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