

Membership Application Form for Advertisers

The SHOPS Scheme covers the following titles:

ASSOCIATED NEWSPAPERS LTD

Daily Mail, The Mail on Sunday, Evening Standard

EXPRESS NEWSPAPERS

Daily Express, Express on Sunday, Daily Star, Daily Star Sunday

GUARDIAN NEWSPAPERS LTD

The Guardian, The Observer

MGN LTD

Daily Mirror, The Sunday Mirror, The People, Daily Record, Sunday Mail

NEWS INTERNATIONAL PLC

The Times, The Sunday Times, The Sun

THE FINANCIAL TIMES LIMITED

Financial Times

INDEPENDENT NEWS & MEDIA LIMITED

The Independent, i, Independent on Sunday

TELEGRAPH GROUP LIMITED

The Daily Telegraph, The Sunday Telegraph

1. HOW DO YOU WISH TO ADVERTISE?
(please tick)

Printed in the publication

Inserts/catalogues

TOTAL ESTIMATED ACTUAL ANNUAL EXPENDITURE

PLEASE ALSO ATTACH YOUR LATEST MEDIA SCHEDULE(S)/MEDIA TEST PLAN

£

2. WHAT IS THE STATUS OF THE APPLICANT?
(please tick)

Sole Trader

Partnership

Limited Company

Public Company

COMPANY NAME

TRADING STYLES

(by which we mean alternative trading names to be used in your advertisements)

PRINCIPAL PLACE OF BUSINESS

(which must not be a P.O.Box No.)

Tel:

Fax:

Email:

Web Site: www.

3. ANY OTHER NAMES AND ADDRESSES UNDER WHICH, OR WHERE THE BUSINESS IS OR HAS BEEN CONDUCTED?

4a.

ADVERTISEMENT DETAILS

RESPONSE ADDRESS GIVEN IN ADVERTISEMENT
(to where readers will respond)

4b.

FULFILMENT ADDRESS

(if different from 4a)

STATE NAME OF ANY THIRD PARTY UNDERTAKING FULFILMENT ON YOUR BEHALF.

Company: _____

Address: _____

5. NAME OF RESPONSIBLE PERSON AVAILABLE TO ATTEND TO QUERIES AT THE RESPONSE ADDRESS GIVEN IN THE ADVERTISEMENT OR FULFILMENT ADDRESS.

Name: _____

Direct Line Tel: _____ Fax: _____

Email: _____

NAME OF PERSON ULTIMATELY RESPONSIBLE FOR THE CONDUCT OF THE MAIL ORDER BUSINESS (TO WHOM SHOPS CORRESPONDENCE SHOULD BE DIRECTED).

Name: _____

Direct Line Tel: _____ Fax: _____

Email: _____

6. NAMES AND ADDRESSES OF TWO PRINCIPAL SUPPLIERS WITH WHOM YOU HAVE DEALT WHO CAN SUPPLY CREDIT REFERENCES

a) _____

OR IN THE CASE OF A NEW COMPANY, FIRM, PARTNERSHIP OR SOLE TRADER, ALSO PLEASE ATTACH PERSONAL REFERENCES RELATIVE TO THE STANDING OF THE DIRECTORS OR PRINCIPALS AND, IN ORDER TO SPEED PROCESSING, PLEASE ATTACH CV(S).

b) _____

IF REFEREES KNOW YOU UNDER A DIFFERENT TRADING NAME PLEASE STATE HERE.

7. NAME AND ADDRESS OF BANKERS
(PLEASE QUOTE NAME OF RELATIONSHIP MANAGER IF AVAILABLE)

8. NAME OF MEDIA BUYING AGENCY, IF APPLICABLE.

Name of Agency _____

Contact _____

Address _____

Tel: _____ email: _____

PLEASE STATE PREFERENCE FOR NORMAL CORRESPONDENCE:
Please tick as appropriate

DIRECT TO YOU?

VIA YOUR AGENCY?

9. IF THE APPLICANT IS A SOLE PROPRIETOR OR PARTNERSHIP, PLEASE GIVE THE FOLLOWING:

- a) FULL name(s) and PRIVATE address(es) of proprietor(s).
- b) Date business established.
- c) A copy of the Final Accounts for the last full accounting year. A full set of accounts including a profit & loss statement, balance sheet, and supporting notes is required. New or recently formed businesses must provide latest management accounts or an opening statement of affairs, together with a copy of a business plan (if available). **No application can be considered without this information.**

10. IF THE APPLICANT IS A LIMITED COMPANY/LIMITED LIABILITY PARTNERSHIP PLEASE GIVE THE FOLLOWING:-

A copy of the Final Accounts (Audited where appropriate) for the last full accounting year. A full set of accounts including a profit & loss statement, balance sheet, and supporting notes is required. New or recently formed companies must provide latest management accounts or an opening statement of affairs, together with a copy of a business plan (if available). **No application can be considered without this information.**

Name _____

Registered Office _____

Registered Number _____ Date of Incorporation _____

Country of Incorporation or Registration _____

Full details of any parent, associate or subsidiary company _____

Date of end of financial year _____

Date accounts submitted to Companies House _____

11. INSOLVENCY Have you or any partner/director:

11.1 BEEN ADJUDGED BANKRUPT, INVOLVED IN A DEED OF ARRANGEMENT OR VOLUNTARY ARRANGEMENT; OR ENTERED INTO A COMPOSITION WITH CREDITORS?

YES/NO

11.2 BEEN ASSOCIATED WITH ANY BUSINESS WHICH HAS BEEN IN VOLUNTARY OR COMPULSORY LIQUIDATION OR SUBJECT TO A VOLUNTARY ARRANGEMENT, ADMINISTRATION, ADMINISTRATIVE RECEIVERSHIP OR COMPOSITION WITH CREDITORS?

YES/NO

11.3 BEEN ASSOCIATED WITH ANY BUSINESS WHICH HAS CEASED TO TRADE FOR ANY REASON?

If the answer to any of these three questions is "YES" give full details on a separate sheet.

NOTE: MOPS WILL UNDERTAKE CHECKS ON THE PROPRIETOR/PARTNERS/DIRECTORS OF THE BUSINESS.

YES/NO

12. HAS ANY PERSON MANAGING OR CONCERNED WITH MANAGEMENT OF THE APPLICANT'S BUSINESS EVER BEEN ENGAGED IN ANY OTHER MAIL ORDER BUSINESS?

YES/NO

IS ANY SUCH PERSON NOW ENGAGED IN SUCH BUSINESS?

YES/NO

If the answer is "YES", state the name(s) of any such business(es) and the names of all publications used for their advertisements past and present. Please use a separate sheet if necessary.

13.

HAS ANY APPLICATION TO ADVERTISE IN ANY MEDIA EVER BEEN REFUSED? IF SO GIVE FULL PARTICULARS.

14. IS HOME SHOPPING THE ONLY METHOD OF TRADING USED?

Yes/No

IF NOT, GIVE DETAILS.

15. GOODS TO BE ADVERTISED

(DRAFT ADVERTISEMENT OR CATALOGUE TO BE ATTACHED) If not available please give following details

Product(s)

Price range £

£ - £

Estimated average order value

£

16. DETAILS OF WHERE STOCK, IN YOUR POSSESSION OR SUBJECT TO YOUR CONTROL, WILL BE HELD AND MAY BE INSPECTED.

Nature of premises

Address

Tel:

Fax:

This should preferably be in the UK. If this is not the case your proposals must still be acceptable to SHOPS, e.g. use of a UK fulfilment house would suffice.

17. WHAT VOLUME OF STOCKS ARE TO BE HELD WHEN ADVERTISING BEGINS?

18. ANY OTHER COMMENTS LIKELY TO FACILITATE SHOPS ENQUIRIES?

PLEASE USE A SEPARATE SHEET IF NECESSARY.

19. By signing this form the signing party agrees that any contract or relationship with SHOPS shall be governed by and construed in accordance with English law and that such party submits to the non-exclusive jurisdiction of the English courts.

AUTHORITIES

The applicant hereby warrants that the above is true and correct and authorises the personal and trade referees, bankers, auditors/accountants, solicitors, suppliers and advertising agency above, and any credit reference agency, to supply SHOPS with any such information as it may require to consider acceptance of this application.

DATA PROTECTION STATEMENT: We acknowledge that SHOPS will process by computer or otherwise information (including personal data) obtained from this application form and from any other agreement that we make with SHOPS. We also acknowledge that SHOPS will obtain and process personal data about us from any suppliers, advertising agencies or other referees named on this form. We consent to SHOPS using our personal data for the following purposes:

- a) to share it with the publishers of national newspapers ("National Newspapers") in membership of SHOPS ("Associated Members");
- b) to enable SHOPS staff to manage our relationship with SHOPS;
- c) to consult with or register information about us with a licensed credit reference agency;
- d) to carry out market research and statistical analysis and to bring to our attention information about SHOPS services that might be of interest to us.

We understand that we have the right to ask for a copy of our personal data in return for payment of a small fee and to require SHOPS to correct any inaccuracies in our personal data.

Signature

Name of Signatory

Position of Signatory*

(Please Print in Name & Position in Block Capitals) Date: / /

(*state whether proprietor or partner, or in the case of a Limited Company, the capacity of the signatory who must be duly authorised to sign on behalf of that company.)

COUNTERSIGNATURE OF MEDIA BUYING AGENCY WHERE EMPLOYED

I/We confirm that to the best of my/our belief and knowledge the information above is correct.

Signature

Name of Signatory

Position of Signatory*

(Please Print in Name & Position in Block Capitals) Date: / /

For and on behalf of

(Name of firm or company)

For and on behalf of

(Name of agency)

Please return to:

The National Newspaper Safe Home Ordering Protection Scheme Limited, 18a King Street, Maidenhead SL6 1EF. Tel: 01628 641930 Fax: 01628 637112