



MOODY | Auctions

Bidder No:

REGISTRATION FORM

BUYER'S SHOULD COMPLETE THIS FORM PRIOR TO ATTENDING THE AUCTION AND EXCHANGE IT FOR A BIDDER'S NUMBER. PROOF OF IDENTIFICATION WILL BE REQUIRED PRIOR TO A BIDDER'S NUMBER BEING ISSUED.

Contact Name:
Company Name:
Street:
District:
Town/City:
County:
Postcode:
Country:
Telephone Number:
Facsimile Number:
Email Address:
VAT Registration No: <small>(for export purchasers only - proof of VAT number is required, eg, copy invoice, VAT certificate, etc)</small>
<p>1 I fully understand and agree to the Terms and Conditions for the Purchase of Equipment through Auction, Tender and Private Treaty as displayed/printed in the Sale Catalogue and/or as announced by the Auctioneers. I acknowledge that my attention has been drawn to clauses 6, 8, 13, 15 & 16.</p> <p>2 Section 6 Health & Safety at Work, etc, Act 1974 (as amended)</p> <p>I confirm that the Vendor has drawn my attention to the above legislation and I hereby agree to take steps to ensure that so far as is reasonably practicable, the articles purchased are designed and constructed to be safe and without risks to health at all times when being set, used, cleaned or maintained by persons at work. I will carry out all relevant and necessary testing and examination to meet this duty. I agree to relieve the Vendors/Agents/Auctioneers of their duties under the above legislation and to indemnify the Vendors/Agents/Auctioneers against any cost, damage, legal or other expenses in respect of any claim arising out of such legislation. If the Vendors consider it appropriate, I agree to sign a similar undertaking to this one but with reference to specific lots.</p> <p>3 Purchasers must ensure that all vehicles comply with all statutory and legal requirements prior to using such vehicles on the Public Highway and Roads. Such vehicles must be insured and all statutory documentation and certification must be in place. I will arrange for all relevant and necessary testing and examination and certification to meet this duty.</p> <p>4 I agree and ensure that all portable appliances are checked for safety and that a valid/current P.A.T. will be carried out prior to use.</p>
Name (Print in Block Capitals):
Signature:
Date:
PLEASE NOTE THAT EXPORT PURCHASERS MUST COMPLETE A SEPARATE REGISTRATION FORM
ID Verification
Type of ID: Checked by: