Crowdfunding Form (Organisation)

Please complete all questions fully (preferably electronically) and return to accounts@lutraconsulting.co.uk

**Project:** AutoTrace Phase 2

**Pledge Amount: (GBP ex. VAT)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please note we will issue an invoice for the amount above + VAT @ 20%.*

**Contact Details**

|  |  |
| --- | --- |
| Organisation Name |  |
| Entity type (e.g. Limited Company) |  |
| Company no. (if applicable) |  |
| Principle contact name |  |
| Principle contact direct dial phone no. |  |
| Registered address (including country) |  |

**Accounts Department**

Do you have a dedicated accounts department? (Please delete as appropriate)

Yes No

If yes, please complete the fields below:

|  |  |
| --- | --- |
| Invoicing contact name |  |
| Invoicing contact direct dial phone no. |  |
| Invoicing address (including country) |  |

**Invoices**

Do you require hardcopy invoices? (Please delete as appropriate).

Yes No

**Purchase Order**

Do you require a Purchase Order? (Please delete as appropriate) .

Yes No

If yes, please attach the PO to this form.

**Registered Supplier**

Do you require us to be a registered supplier? (Please delete as appropriate).

Yes No

If yes and you require a supplier questionnaire to be completed, please complete the questionnaire as far as possible using the details overleaf and attach to this form.

**Tax**

Are you VAT registered? (Please delete as appropriate)

Yes No

If yes, please state your VAT number:

**Declaration**

I confirm that the details on this form and its attachments are correct and I am authorised to act on behalf of the organisation defined above.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lutra Consulting Details**

Organisation Name Lutra Consulting

Legal entity UK Private Partnership

Partners: Saber Razmjooei and Peter Wells

Company number (Not applicable, we’re a partnership)

Registered address 23 Chestnut Close, Burgess Hill, West Sussex, RH15 8HN, UK

Remittance email accounts@lutraconsulting.co.uk

VAT No. 142 4638 22

Primary contact Peter Wells

 peter.wells@lutraconsulting.co.uk

01444 848012

Bank details Lutra Consulting

Sort Code: 08-92-99 Account: 69443006

IBAN: GB37 CPBK 089299 69443006 BIC: CPBKGB22

The Co-operative Bank Plc

 P.O. Box 101

1 Balloon Street,

Manchester

M60 4EP

United Kingdom