



ALCOHOL WHOLESALER REGISTRATION SCHEME DUE DILIGENCE QUESTIONNAIRE

Please complete this document at your earliest convenience and return to:

info@ewinery.co.uk

COMPANY DETAILS	
Trading Name	
Trading Address	
Registered Office Address	
Contact Telephone	
Contact email	
Business Type (Please tick all applicable)	<div><input type="checkbox"/> INDEPENDENT RETAILER</div> <div><input type="checkbox"/> HOTEL</div> <div><input type="checkbox"/> INTERNET TRADER</div> <div><input type="checkbox"/> RESTAURANT</div> <div><input type="checkbox"/> TRAVEL RETAIL</div> <div><input type="checkbox"/> CASH & CARRY</div> <div><input type="checkbox"/> WHOLESALER</div> <div><input type="checkbox"/> IMPORTER/AGENCY HOUSE</div> <div><input type="checkbox"/> OTHER(please provide detail)</div>
Company Registration Number	
VAT number	
AWRS Number (if applicable)	



CONTACT DETAILS	
Directors' Name	Signature

COMMENTS/FURTHER INFORMATION