



VALUATION SERVICES SUBMISSION FORM

PLEASE COMPLETE ALL SECTIONS 1 - 6. INCOMPLETE FORMS MAY RESULT IN DELAYS TO YOUR WORK.
RETAILERS SUBMITTING ITEMS COMPLETE 1A & 1B. PRIVATE CUSTOMERS COMPLETE 1B.

1. YOUR DETAILS

1A RETAILER NAME:	1B PRIVATE CUSTOMER / END CUSTOMER NAME:
ADDRESS: (first line)	
POSTCODE:	CUSTOMER ADDRESS: (full)
BRANCH NO: (if applicable) ACC NO. (if known)	
CONTACT NAME:	
TEL NO:	
EMAIL:	POSTCODE: TEL NO:
TICK HERE FOR SHOP STOCK VALUATIONS <input type="checkbox"/>	EMAIL:

2. SERVICE LEVEL REQUIRED

SAME DAY SERVICE* <input type="checkbox"/>
Items must be received by 09:30. Ready by 15:30 <u>same day</u> for <u>collection or overnight despatch</u> . Items received after 09:30 will revert to next day service. 100% additional charge applies
NEXT DAY SERVICE* <input type="checkbox"/>
Items must be received by 09:30. Ready by 15:30 for <u>collection or despatch on the following working day</u> . (Mon-Fri). 50% additional charge applies
STANDARD SERVICE <input type="checkbox"/>
Standard lead-time and charges apply

*Express services are subject to availability and may not be available for complex items requiring extra research. Working days Mon-Fri. Customer service counter collection deadline is 16:00 Mon-Tue and 13:00 Friday. Parcels despatched over the weekend. Light Services will be delivered the next working day after despatch (Mon-Fri).

3. ITEM DETAILS

Please note: All information relevant to the valuation must be submitted so that it can be considered when appraising the item. Examples include diamond certificates, previous valuations, purchase receipts, and service history documents. Should the client, for whatever reason, withhold pertinent information and/or supply misleading information and/or false documents that might affect the completed valuation in any way, Assay Office Birmingham reserves the right to render the valuation null and void and/or recall the valuation and make any amendments as may be necessary. Submitting information for consideration after the valuation has been issued may incur reasonable additional fees for the extra work incurred. Complex items that require extensive research or assessment will be subject to additional charges which will be advised before the valuation is undertaken.

QTY	PROVISIONAL DESCRIPTION (FOR IDENTIFICATION ONLY)	COMMENTS/ESTIMATED VALUE - PLEASE INCLUDE DETAILS OF ANY ADDITIONAL DOCUMENTS PROVIDED
Confirm TOTAL NUMBER of items sent		

4. SERVICE OPTIONS

Reports are prepared based on the selected option and are issued solely for the purpose stated and will not be valid for any other purpose or intended use. Statements and information contained in the final Report cannot be construed as a warranty, a guarantee or authentication, nor an offer to purchase or replace articles. For further details or information, please contact the Safeguard offices on 0121 2362122 for advice.

VALUATION - A WRITTEN REPORT FOR THE ONE OF THE FOLLOWING PURPOSES (PLEASE SELECT FROM ONE OF THE SIX OPTIONS BELOW)	
<input type="checkbox"/> 1. INSURANCE	This represents the average high street replacement value for a comparable item. Please also confirm if the policy is a NEW FOR OLD POLICY - YES/NO NB If this is not completed we will assume YES and the valuation will be done on that basis where appropriate.
<input type="checkbox"/> 2. SALE BETWEEN PARTIES (Sale by private treaty)	When one person wishes to sell an item in a private capacity. This usually calls for a valuation at an open market level but can be at any market level if instructed by the client and this may sometimes be plus or minus a specified percentage.
<input type="checkbox"/> 3. OPEN MARKET (Auction Value)	The likely values that would be achieved at auction.
<input type="checkbox"/> 4. POST LOSS	This value will represent an estimate of what the likely replacement cost would be now based upon the previous valuation descriptions and any other information gathered. We will only undertake this service for items that have been previously valued by SafeGuard.
<input type="checkbox"/> 5. FAMILY DIVISION (Division of Asset)	The hypothetical prices likely to be achieved at a public auction. These values are normally less any commissions payable and therefore reflect the net proceeds.
<input type="checkbox"/> 6. PROBATE	Represent the gross open market (hammer prices) values to the deceased's property as at the date of death. You must also provide the name of the deceased and the date of death. NAME OF DECEASED DATE OF DEATH
<input type="checkbox"/> JEWELLERY ASSESSMENT	A comprehensive report describing the manufacture, metal content, diamond grades and gemstone details (where appropriate) of the item. This report will not include an item value.

5. RETURN METHOD (if left blank, we will return to address information as above) Items submitted via retailer will be returned to store. For private customer's, items will be returned to customer.
Return transit insurance cover: Up to £25k per parcel. G4S service only available to pre-approved business addresses. Items exceeding these values may require additional cover at the customer's expense.

RETURN TO:	ITEM RETURN METHOD:	6. PAYMENT METHOD:
ADDRESS:	COLLECTION <input type="checkbox"/> ROYAL MAIL <input type="checkbox"/> SPECIAL DELIVERY <input type="checkbox"/>	CREDIT ACC <input type="checkbox"/> CREDIT/DEBIT CARD <input type="checkbox"/>
	G4S <input type="checkbox"/> OTHER <input type="checkbox"/> Please state	CHEQUE <input type="checkbox"/> BACS/CHAPS <input type="checkbox"/>
POSTCODE:		CASH - Max cash limit allowed £1000 <input type="checkbox"/>

I confirm that I am authorised to submit the property detailed on this valuation submission form for the purpose specified. I agree that any description(s) of the property provided is based solely on provisional assessment and that the valuer is not bound by any description, which proves after inspection to be different from those detailed above. I accept the terms and conditions of business for the provision of valuation services. Full terms and conditions can be found at www.safeguardvaluations.com

CUSTOMER SIGNATURE: _____	PRINT: _____	DATE: _____	FOR HAND DELIVERED ITEMS - BARCODE RECEIPT TO BE PLACED HERE (WHITE & PINK COPIES)
RETAILER SIGNATURE: _____	PRINT: _____	DATE: _____	
RECEIVED BY SAFE GUARD REPRESENTATIVE: _____		DATE: _____	

