**Process Agent Appointment Form**

Please provide the following information in respect of the requested appointment for an agent for the acceptance of process in England and Wales.

**Appointor**

Please provide the details of each party to the legal document who requires an agent for the service for process. If the person is a company, please provide their full legal name.

**Name of Appointor \***

|  |  |
| --- | --- |
| Click here to enter text.  |  |

**Company number (if applicable)**

|  |  |  |
| --- | --- | --- |
|   |  |  |

**Name of contact person \***

|  |  |  |  |
| --- | --- | --- | --- |
| Click here to enter text. |  | Click here to enter text. |  |

First

 Last

**Address \***

|  |  |
| --- | --- |
|   |  |

Street Address

|  |  |
| --- | --- |
|   |  |

Address Line 2

|  |  |  |  |
| --- | --- | --- | --- |
| Click here to enter text. |  |   |  |

City ZIP / Postal Code

|  |  |  |  |
| --- | --- | --- | --- |
| Click here to enter text. |  |  |  |

Country

**Phone**

|  |  |  |  |
| --- | --- | --- | --- |
| Click here to enter text. |  |  |  |

**Appointor email \***

|  |  |  |
| --- | --- | --- |
| Click here to enter text. |  |  |

**Preferred method of communication**

Please indicate how you would prefer to be contacted.

[ ]  Email

[ ]  Phone

[ ]  Mail

**Contact details for service**

Please provide details of the person who should be contacted in the event of service of proceedings (if different from the contact details for the Appointor)

**Name**

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |   |  |

First

 Last

# Company/Business Name

|  |  |
| --- | --- |
|   |  |

**Address**

|  |  |
| --- | --- |
|   |  |

Street Address

|  |  |
| --- | --- |
|   |  |

Address Line 2

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |   |  |

City ZIP / Postal Code

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

Country

**Phone**

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

**Email**

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

**Preferred method of communication**

Please indicate how you would prefer to be contacted.

[ ]  Email

[ ]  Phone

[ ]  Mail

**Instructing Party**

If you are acting upon behalf of the Appointor (for example, a lawyer acting on behalf of their client) and you would rather we liaised with you regarding the set up, please provide your details below.

**Contact name**

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |   |  |

First

 Last

**Company/Business Name**

|  |  |
| --- | --- |
|   |  |

**Address**

|  |  |
| --- | --- |
|   |  |

Street Address

|  |  |
| --- | --- |
|   |  |

Address Line 2

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |   |  |

City ZIP / Postal Code

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

Country

**Phone**

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

**Email**

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

**Preferred method of communication**

Please indicate how you would prefer to be contacted.

[ ]  Email

[ ]  Phone

[ ]  Mail

**Please provide details of the legal documents to which the appointment will relate. List \***

**Description of Agreement Date/Proposed Date Parties**

|  |  |  |
| --- | --- | --- |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
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|   |   |   |
|   |   |   |

# Number of contracts

# Please confirm the number of contracts related to the appointment, if you would like to have more than 10 contracts, please state this in the further information section and one of our advisors will be in touch.

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

#

**Duration of appointment**

Please enter the number of years you wish the appointment to last for.

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

**Further Information**

If there is any further information that you feel we should be aware of please include it here.

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**Letter of appointment** \*

Is a formal letter of appointment required, confirming the appointment as agent for service of process? Please note the letter of appointment will come from Elemental Process Agent Limited, our process agent.

[ ]  No formal letter required

[ ]  Yes. Please address it to the Appointor

[ ]  Yes. Please address it to the Instructing Party

[ ]  Yes. Please address it to another person (details to be provided)

**Invoice**

**Please specify who the invoice should be addressed to**

[ ]  Appointer

[ ]  Instructing Party

[ ]  Other

**Preferred payment method**

[ ]  Bank Transfer

[ ]  Credit/Debit Card

[ ]  Credit Account (for clients with a monthly account)

**Terms and Conditions \***

I confirm that the information I have provided is complete and accurate and that I have read, understood and accepted the terms and conditions for appointment as a process agent which can be found at http://www.elementalcosec.com/terms-and-conditions-of-service/terms-and-conditions-for-process-agent-service/

[ ]  **I have read and accept the terms and conditions**

**Your Signature Date**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |   |  |