

UKCA DISCOUNT SCHEME

If an establishment you have visited, or know of, has expressed an interest in joining the UKCA Discount Scheme, could you please fill in the details below and leave it in the box provided in the foyer.

Thank you.

Business Name: _____

Contact Name: _____

Address: _____

Telephone: _____

E-mail address: _____

Any other details (directions)

Members Name: _____

Telephone: _____

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FOLLOW UP ACTION BY: _____

Contact Made by: _____

Date: _____

Spoke to: _____

Visited: _____

Telephone: _____

Form Completed: _____

Any other Comments:

Passed to: _____

Date: _____

FOLLOW UP ACTION BY: _____

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