

AF Affinity Limited
 Honingham Thorpe
 Colton
 Norwich
 Norfolk
 NR9 5BZ
 01603 881 888



Working on behalf of



How do I join? Fill in this form and post to address above, or email it to:
somersetbuying@af-affinity.co.uk

Your contact details: *(Please use block capitals)*

| | | | | | |
|---|--|-------------|--|----------------|--|
| Title | | Name | | Surname | |
| Address & Postcode | | | | | |
| Home Telephone | | | | | |
| Mobile Telephone | | | | | |
| Email | | | | | |
| How did you hear about the scheme? | | | | | |

How do I pay?

| | | |
|--|--|--|
| Annual membership categories <i>(Please specify)</i> | | |
| Domestic: £24 <input type="checkbox"/> | Community Building, School/Church: £36 <input type="checkbox"/> | Business: £36 / £72 / £120 <input type="checkbox"/> |
| Choose a payment method | | |
| By Direct Debit (Preferred method – please complete attached DD Mandate) | | <input type="checkbox"/> |
| By cheque to AF Affinity Limited | | <input type="checkbox"/> |
| By BACS to AF Affinity Limited, Barclays Bank | | <input type="checkbox"/> |
| Sort Code 60-15-31 | Account Number 68509413 | |

Delivery Details:

| | |
|---|--|
| Where is your tank? | |
| Please supply any details on restricted access: | |
| | |

By submitting this form you confirm that you have read and agree to the terms and conditions - www.somersetccc.org.uk/oil/terms

Signed: _____ Date: _____

Somerset Community Oil Scheme

Terms and Conditions

1. I give my consent for the Community Council for Somerset/Affinity to negotiate on my behalf for the supply of heating oil at the best possible price
2. I understand that Community Council for Somerset/Affinity will not negotiate any other terms (such as payment arrangements) on my behalf
3. I agree that all payments of invoices must be made by me directly Affinity and that I am responsible for ensuring that I am aware of the payment terms specified by Affinity
4. I agree that once I have placed an order, by post, telephone or by email (signed or unsigned), it is a firm order to which I am committed, and not simply an expression of interest.
5. I agree that neither Community Council for Somerset/Affinity nor anyone acting on behalf of Community Council for Somerset/Affinity will be held liable for any claims that may arise between me and any of the selected oil suppliers who supply me.
6. I understand that when I want to order fuel, it is my own responsibility to ensure that my order form is returned to Affinity by the deadline specified for the next month's order, and that neither Community Council for Somerset/Affinity nor anyone acting on behalf of Community Council for Somerset/Affinity will be held liable for any shortage of fuel or other problem that I experience if I fail to meet the specified deadline.
7. I will advise Affinity of any changes to my membership details in writing
8. I agree that Community Council for Somerset/Affinity will pass my personal data to the selected suppliers in order to enable them to make a delivery
9. Community Council for Somerset/Affinity will not pass your details on to anyone else without your express permission.



Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form including official use box using a ball point pen and send it to:

AF Affinity Limited
 Honingham Thorpe
 Colton
 Norwich
 Norfolk
 NR9 5BZ

Service user number

| | | | | | |
|---|---|---|---|---|---|
| 6 | 9 | 8 | 1 | 6 | 5 |
|---|---|---|---|---|---|

Name(s) of account holder(s)

| |
|--|
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| |

Bank/building society account number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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Branch sort code

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

Name and full postal address of your bank or building society

| | |
|-----------------|-----------------------|
| To: The Manager | Bank/building society |
| Address | |
| | |
| Postcode | |

Please write the first line of your address and your postcode here.

Instruction to your bank or building society

Please pay AF Affinity Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with AF Affinity Limited and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Reference

| | | | | | | | | | | | | | | | | | | | |
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Banks and building societies may not accept Direct Debit Instructions for some types of account

DD11

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
 - If there are any changes to the amount, date or frequency of your Direct Debit AF Affinity Limited will notify you at least 10 working days in advance of your account being debited or as otherwise agreed. If you request AF Affinity Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by AF Affinity Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when AF Affinity Limited asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.