

PARTNER AUTHORITY SCHEME REGISTRATION FORM



66 South Lambeth Road
London
SW8 1RL

Tel: 0844 561 6136

Web: www.labc.uk.com/pas

This information will enable LABC to match you with a local authority based on your needs.
Return the completed form via email to pas@labc.uk.com or go to the above webpage and complete the form electronically.

1 Partner Company Details

Company Name:

Address:

Post Code:

Main Contact

(Mr/Miss/Mrs/Ms/Other):

First name:

Last name:

Job Title:

Tel:

Fax:

Email:

Secondary Contact

(Mr/Miss/Mrs/Ms/Other):

First name:

Last name:

Job Title:

Tel:

Fax:

Email:

2 Nature of project(s), potential value, geographical location(s), etc.

3 Preferred Partner Authority

Authority Name:

Main Contact

Name:

Email:

Tel:

Secondary Contact

Name:

Email:

Tel:
