



Visit Wales Listed Status



Contact Name Mr/Mrs/Ms/Miss:

Contact address: Property to be assessed – Address:

Postcode: Postcode:

Tel: Mobile:

Email: Web Site:

Visit Wales Reference No:

Details – Type of Business

Serviced (Hotels/Guest Accommodation)	<input type="checkbox"/>	No of Rooms	<input type="text"/>	£75.00 plus VAT
Self-Catering	<input type="checkbox"/>	No of Units	<input type="text"/>	£75.00 plus VAT
Caravan & Camping	<input type="checkbox"/>	No of Units	<input type="text"/>	£75.00 plus VAT
Hostel/hostel type accommodation	<input type="checkbox"/>	No of Rooms	<input type="text"/>	£40.00 plus VAT
Tourist Attractions	<input type="checkbox"/>			£75.00 plus VAT

Please note that all rooms/units on the same site must be declared and assessed.

Please tick if you want to participate in the Bed Booking Service provided at Networked Tourist Information Centres (conditions apply)

Contact with Visit Wales – Visit Wales may wish to contact you on occasions with details/opportunities relevant to your business. Visit Wales may share this information with carefully selected companies. PLEASE TICK ALL THAT APPLY.

I agree to be contacted by Visit Wales and RTPs (Regional Tourism Partnerships)

I agree to be contacted by carefully selected companies

Please note that there may be occasions when Visit Wales needs to contact you for operational reasons.

Declaration (Please read and sign):

I understand and accept that Visit Wales retain the right in their absolute discretion not to accept an establishment or having accepted the establishment to withdraw the establishment from the Listed scheme. I understand that inspection will be undertaken according to Visit Wales criteria. I understand and accept that Visit Wales retain the right in their absolute discretion to decide who the Assessor of the establishment will be. I understand that subject to my renewing application for inspection by the appointed date each year, the most recent classification will be quoted by Visit Wales when providing information about my establishment. I understand that if my subscription for Visit Wales lapses for any reason (e.g. if I do not rejoin at the relevant time or if Visit Wales withdrew my establishment from the Listed scheme), then I lose my entitlement to display Visit Wales signage, or imply association with Visit Wales. I understand that to continue to do so, when I am not entitled to, would constitute a breach of the trading standards regulations. I confirm that all relevant statutory requirements currently in force affecting the above named accommodation establishment are complied with.

Signed Name in capitals Date

Payment details - (Please do not send cash or include payments in relation to other Visit Wales schemes)

I enclose cheque for £ payable to Welsh Assembly Government

I wish to pay by (please tick box) Mastercard Visa Switch Solo (We do not accept American Express)

Card holder's name Card no.

3 Digit Security Code (on back of card) Is the address of the cardholder the same as the contact address Yes No

Start Date Expiry date Issue no. (if applicable)

Card holder's signature. Date

Please return completed form and payment to:

Quality Assurance, Visit Wales, Welsh Assembly Government,
Rhodfa Padarn, Llanbadarn Fawr, Aberystwyth, Ceredigion SY23 3UR
Tel enquiries: 0845 010 8020 Fax: 0300 062 2001 E-mail: quality.tourism@wales.gsi.gov.uk



Llywodraeth Cynulliad Cymru
Welsh Assembly Government