



Watches of Wales

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WATCH SUBMISSION FORM

CUSTOMER DETAILS

NAME: _____

HOME ADDRESS: _____

TELEPHONE: _____

WATCH DETAILS

MAKE OF WATCH: _____

WATCH SERIAL NO. (IF APPLICABLE): _____

PRICE AGREED: _____

BANK DETAILS: _____

BY SIGNING THIS DOCUMENT YOU ARE CERTIFYING THAT YOU ARE THE SOLE OWNER OF THE WATCH YOU ARE SUBMITTING AND THAT THERE ARE NO ACTIVE INSURANCE CLAIMS IN PROGRESS ON THIS WATCH.

SIGNED: _____

DATE: _____

PLEASE INCLUDE A COPY OF YOUR PHOTO I.D. (PASSPORT, DRIVERS LICENSE) WHEN SUBMITTING THIS FORM. THANK YOU.