

**BUYER'S AGREEMENT**

Please complete ***ALL OF THE FIELDS*** below to register as a buyer with STC:

- Title: \_\_\_\_ First name/initials: \_\_\_\_\_ Surname: \_\_\_\_\_
- Company name (if applicable): \_\_\_\_\_
- Company address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Postcode: \_\_\_\_\_
- Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Postcode: \_\_\_\_\_
- Home tel: \_\_\_\_\_
- Work tel: \_\_\_\_\_ (optional)
- Mobile: \_\_\_\_\_ (optional)
- Fax: \_\_\_\_\_ (optional)
- Email: \_\_\_\_\_

**BUSINESS REQUIREMENTS**

Type of business required (please tick applicable boxes):

- Nursery
- Primary
- Secondary
- 6<sup>th</sup> Form
- Boarding School
- Special School
- Colleges
- International
- Other
- If 'Other', please indicate type
- Single sex  Male Only  Female Only
- Age range of pupils \_\_\_\_\_
- Co-educational  Yes  No

Area/location: \_\_\_\_\_

Property type: Freehold  Leasehold  Either

Is living accommodation required? Yes  No  Possibly

Max. price £:

How will your purchase be financed?: \_\_\_\_\_

Do you already have funding in place? Yes  No

Would you like us to introduce you to funders experienced in educational businesses? Yes  No

How much capital is readily available? £ \_\_\_\_\_  
(This information will remain confidential.)

Solicitor's name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Post code: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

If you do not yet have a solicitor, would you like STC to recommend one?

Yes  No

How did you hear about STC? \_\_\_\_\_

**Please print and sign this form and return together with the signed Buyer's Declaration below by post or fax to STC at one of the following addresses as applicable:**

**South:**

**Sales of all educational businesses**

STC, Haydon Cross, Southfleet, Kent DA13 9NX

Phone: +44(0)1474 833150

Fax: +44(0)1474 833770

E-mail: [enquiry@schooltransfer.co.uk](mailto:enquiry@schooltransfer.co.uk)

**North:**

**Sales of Northern nurseries**

STC, 20 Osborne Road, Altrincham, Cheshire WA15 8EU

Phone: +44(0)161 927 9287

Fax: 0161-927 9288

E-mail: [louisa@schooltransfer.co.uk](mailto:louisa@schooltransfer.co.uk)

**BUYER'S DECLARATION**

I understand that in addition to completing this online registration and **before I can receive any confidential information on educational businesses**, I am required to supply a full Curriculum Vitae/Corporate details (and names of 2 character referees to whom we may write if required by proprietors) either by email to [enquiry@schooltransfer.co.uk](mailto:enquiry@schooltransfer.co.uk), by fax: 01474-833770 or by post: STC, Haydon Cross, Southfleet, Kent DA13 9NX.

Please note the information requested is not merely for our files, but will help STC to represent you to proprietors. They are naturally concerned to know as much as possible about any potential future owner of their schools. It is therefore in your interest to provide the fullest description of your background, status and aims.

I understand and agree that all information concerning transfer of schools will be treated in the strictest of confidence. All negotiations must take place exclusively through STC. Any buyer who does not comply with this condition or is found not to have taken every precaution to preserve confidentiality will be de-listed permanently by STC.

If by failing to keep STC informed, or by dealing direct with the vendor in contravention of our terms of business, STC does not receive its due commission on the date of completion, I agree and understand that I shall become liable in full for this.

NB: All viewings and negotiations are to be undertaken only through STC. No local banks, planners or local institutions are to be contacted if and when (or after) a viewing takes place, as this is very likely to breach the strict confidentiality in which educational business transfers must be arranged.

**I have read and agree to each and all of the above terms and conditions of registration.**

**Signed** .....

**Date** .....

**Name** .....

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