



R A VALUATION SERVICES LIMITED
AOP APPROVED PRACTICE VALUATION QUESTIONNAIRE (OP1)

The following questionnaires should be completed, as fully as possible, to enable R A Valuation Services Limited to perform a valuation for the business.

Please complete a Valuation Questionnaire (OP1) for the main outlet and a Valuation Questionnaire (OP2) for each additional outlet when valued as a total.

In addition please provide the following information:

Internal and external photographs

A copy of the last three years trading accounts

If applicable, your personal views on the business - why it is good, bad or indifferent

Please do not provide other supporting documents unless requested

GENERAL INFORMATION:	Ref:	
Your Name:		
Business Name:		

We have tried to make this questionnaire as easy as possible to complete, should you require any clarification or assistance please do not hesitate to contact us on 01425 402402. Alternatively please visit our website www.ravaluationservices.co.uk

Return your completed questionnaire either by email to info@ravaluations.com or post in the envelope provided to:

R A Valuation Services Limited
 Elizabeth House
 Unit 13 Fordingbridge Business Park
 Ashford Road
 Fordingbridge
 Hampshire SP6 1BZ

PERSONAL DETAILS:

Private Address:

 Postcode:

Telephone:

Mobile:

Email Address:

Your confidentiality is important to us.
Would you like to only be contacted using these (private) details?

AOP Membership No:

PRACTICE DETAILS:

Outlet Address:

 Postcode:

Telephone:

No. of outlets in the business (including main one):

In what year was the business established?

And by whom?

When did you join?

The practice operates as a: Sole Practitioner: Partnership: Ltd Company:

PRACTICE DETAILS (continued):

What is your position in the business (e.g. partner)? And your Role?

Reason for valuation (e.g. sale):

How many partners or directors are there?

Please detail the role of the proprietor, partners or directors and the time spent by each working in the practice in terms of days per week, covering the last 3 years (including your working input):

	Role:	Days per week in outlet:
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

No. of persons employed other than the principals:

Please detail the role of each member of staff:

	Role:	Days per week in outlet:	Approx length of service:
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>

Scope of the business (a brief description of services provided):

What are the opening hours of the outlet?

Is optical cover provided at these times?

PROPERTY DETAILS:

Is the property?

Dedicated to the outlet:

Practice and domestic combined:

Other (please specify):

What proportion of the space is used by the outlet?

 %

Is the property freehold or leasehold?

If premises are **freehold**, who owns the freehold and is a rent paid by the business?

If the property is freehold what, in your opinion, is its approximate current market value (if you have not had a recent property valuation please give your best estimate)?

£

What would you consider to be an appropriate rent if leased?

£

If the property is **leasehold**, please give details of:

Term of lease:

 years

Unexpired term remaining:

 years

Review period, every:

 years

Current rental:

£ per annum

Next review due:

If a rent review is due within a year, what would you expect a new rent to be (p.a.)?

£

What, in your view, is the general condition of the property today?

Excellent:

Good:

Fair:

Poor:

What are the current rates payable? £

 per annum

Briefly describe the amount of space, number of rooms, etc. and details of non practice utilisation e.g. letting or sub-letting, if any:

Does the outlet have shop frontage?

LOCAL TRADING CONDITIONS:

Is the location of the practice?

Centre of town/city

Edge of town:

Suburbs:

Country/village:

Other (please specify):

Briefly describe, if you can, local trading conditions for the business (i.e. close to a bus stop or car park, shopping centre, depressed, expanding etc.):

Please state the competition in the immediate area and if opened in the last 2 years:

Are there any significant changes (such as town centre development, pedestrianisation, etc.) planned or expected within the next 2 years, and if so, how are they likely to benefit or affect the practice?

FINANCIAL INFORMATION:

Have the accounts been prepared by qualified accountants?

Is there any reason why the last reported year's sales and trading profits should not be either repeated or exceeded in subsequent years?

PRACTICE DETAILS:

Approximate number of eye examinations (both NHS & private) for the last three years and to coincide with the year ends of the accounts you have presented to us

Latest year:

Year 2:

Year 3:

What is the approximate split of business as a percentage of the total sales?

Eye examinations: %

Spectacles: %

Contact lenses: %

Accessories: %

What is the approximate split of eye examinations i.e. proportion of total examinations?

NHS: %

Private: %

What is the typical charge for a private examination?

£

Approximate % of examinations that produce no further business?

%

FIXTURES, FITTINGS & EQUIPMENT:

In your opinion is the equipment in the practice?

Modern:

Elderly:

Needing replacement:

Other (please specify):

Please give details of any material leasing or HP arrangements with equipment description, lease HP payments per month and term to go (include, if necessary, separate details):

Please supply details of important and recent (last 2 years) equipment purchases:



**R A VALUATION SERVICES LIMITED
FORM OF INSTRUCTION (OP-FI)**

I hereby instruct you to perform a valuation of the practice described above and agree to pay you the appropriate valuation fee to the terms shown below. I hereby authorise you to contact my accountant if necessary to obtain further details of any accounts or financial information supplied to you.

Name: _____ Signed: _____ Date: _____

VALUATION FEES:

Standard valuation fee for single branch practice:	£750 + VAT (per practice)	<input type="text"/>
One branch practice (with AOP discount):	£700 + VAT (per practice)	<input type="text"/>
* Extra fee for per additional outlet:	£400 + VAT (per outlet) (£550 + VAT if valued separately - see note below)	<input type="text"/>
** Fast-track service (if applicable)	£150 + VAT	<input type="text"/>
Voucher ref:	<input type="text"/>	<input type="text"/>
TOTAL FEE	£	<input type="text"/>

* Fee applies only where all outlets are be valued together as a single business
 Note: If a separate valuation is required for each outlet, each must be treated as a single branch practice and single branch fees apply for each outlet (less discount for multiple branch business - call for clarification, if needed).
 In these cases, separate trading accounts and branch particulars will be required for each outlet.

** Normal turnaround time: Report ready for despatch within four weeks of receipt of all financial and other information necessary for us to complete the valuation.

Fast-track service (seven to ten working days from receipt of all necessary information) normally available at extra £150 + VAT. Full payment will be required before valuation commences. Subject to confirmation

Please tick appropriate boxes and insert number of additional outlets if applicable.
 Payment terms: £200.00 deposit per valuation payable with instruction,
balance payable prior to receipt of final report.

Return return your completed questionnaire and signed instruction together with your initial payment cheque for £200 per valuation made payable to RA Valuation Services Limited to:

**R A Valuation Services Limited, Elizabeth House, Unit 13 Fordingbridge Business Park,
 Ashford Road, Fordingbridge, Hampshire SP6 1BZ**

If you prefer to pay by BACS, use the details below and your RA assigned reference as the payment reference.

**Account name: R A Valuation Services Ltd
 HSBC Sort Code: 40-46-37
 Account Number: 31378651**