## PLEASE COMPLETE IN BLACK INK 1. Name of Occupier (please include full name of company or individuals): 2. Company Registration No (if applicable) 3. Trading Name (if applicable) 4. Type of business (please confirm if sole trader, partnership, limited company, or other) 5. Date occupied Date of Acquisition 6. Address for correspondence (if different from occupied address) 7. Previous address 8. Do you own or lease these premises Own / Lease (delete as appropriate) 9. If you lease these premises, please provide details of owner: Signature: Date: Name: (please print in block capitals) Capacity in which signed: (please print in block capitals)

**Daytime Telephone Number:** 

**Email address:**