

Occupation Form

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

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Date of Acquisition

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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)

Please turn over ▶

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:

This correspondence is available in other formats and can be translated on request.

The content of this communication is meant for the intended recipient(s) only.

If received in error, notify the sender and destroy the communication without copying or forwarding it.

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