

Allerdale House Workington Cumbria CA14 3YJ Telephone 0303 123 1702 cumberland.gov.uk

For office use only					
Account number:					
Property reference:					
Date:					
	N.I.		CCTIC DA	TEC	
	IN (ON DOM	ESTIC RA	NIES	
		REGISTRAT	ION FORM		
Full address of property					
1. If the occupier is a lim	i ted company pleas	se complete the follo	owing:		
a) What is the full name of the company?					
b) What is the registered address of the company?					
c) Please provide the company number					
d) What is the trading nam company? (if applicable)	ne of the				
2. If the occupier is a sol	e trader or partners	rship please provide	full name(s).		
Title First name(s)	Surname			
Trading name					
3. If the occupier is not a	limited company, p	partnership or sole t	rader please provid	de the following details:	
a) Full name of the organisation					
b) The registered address of the organisation					
c) The name and address of	of the trustee or cha	airnerson			

4. Address for correspondence, including bills, if different to property address.				
5. Occupation details.				
Date you first started to use the property.(i.e. Date stock was FIRST moved in.)				
What is the nature of your business				
The address of any other business premises you have				
6. If you DO NOT own the property please complete the following:				
Full name and address of owner				
Date your lease/licence				
commenced				
PLEASE PROVIDE A COPY OF YOUR TENANCY AGREEMENT				
Name and address of your solicitor				
7. If you are the owner please complete the following:				
Date of completion of purchase				
Name and address of your				
solicitor				
8. If you have moved from another property in this area please provide details:				
Address of property				
Date stock moved out of property & Date your lease expired				
Name and address of new occupier (if known)				
If you were the owner, date of completion of sale				
Name and address of new owner				
9. Declaration: The information I have provided on this form is correct to the best of my knowledge and belief.				
Signed				
Full name Capacity in which signed				
(block capitals)				
Your daytime telephone number, in case of query				
Your home address				