

# CITY OF LONDON - COUNCIL TAX INCOMING OCCUPIER FORM

For office use

YOU ARE KINDLY REQUESTED TO COMPLETE ALL SECTIONS OF THIS FORM SO THAT YOUR COUNCIL TAX LIABILITY CAN BE CALCULATED CORRECTLY.  
PLEASE RETURN THIS FORM TO THE ADDRESS OVERLEAF WITHIN 5 DAYS. **Delete whichever is not applicable \***

❶ Full postal address of property e.g. flat, maisonette, house:

❷ State: the exact **date of Purchase/start of your tenancy\***

the exact date furniture was moved into the property

the exact date you became resident at the property

Your tenancy end date [if known]

Is this property the main home or residence of any person? **YES / NO \*** (If yes, complete section ❸)  
(If no, go to section ❹)

❸ **IF YES** - Please list the name(s) of every adult **over 18** who **LIVES** at the property  
(state, for each resident, whether they own/rent/or sub-let from another resident)

| Title | FULL NAME please print in block capitals<br>(continue on separate sheet if required) | State if: owner/tenant/ sub-tenant/or other |
|-------|--|---|
|       |  |   |
|       |  |   |
|       |  |   |
|       |  |   |
|       |  |   |
|       |  |   |

State the total number of adults **over 18** living at the property

❹ **IF NO** - Give the full name(s) of the individual(s) or the Company liable for the payment of Council Tax  
(include joint owners/leaseholders)

| Title | FULL NAME please print in block capitals<br>(continue on separate sheet if required) | state if: owner/leaseholder |
|-------|--|-----------------------------|
|       |  |                             |
|       |  |                             |
|       |  |                             |

❺ **Name and forwarding address of previous Owner / Leaseholder /Occupier \*** (If not known please give Solicitors or letting agents name and address)

\_\_\_\_\_ Postcode \_\_\_\_\_ Tel. \_\_\_\_\_

If you are a **TENANT**, please ALSO provide the name and address of Landlords/Agents if not stated above:

\_\_\_\_\_ Postcode \_\_\_\_\_ Tel. \_\_\_\_\_

❻  **TICK one** box to show if the property is currently:

- occupied                       unoccupied & furnished  
 both unoccupied & unfurnished --- (give the exact date furniture was removed \_\_\_\_\_)

Is the property a furnished let **YES / NO \***

❼ **STUDENTS**

Is any resident a full-time student? **YES / NO \***  
**TO CLAIM STUDENT DISCOUNT or EXEMPTION:**  
You must supply an original student certificate(s) issued by the registrar at the educational establishment, for each relevant individual.

(continue over)

8 Is the property your **SECOND HOME** ? **YES / NO** \*

**IF YES** state the full postal address of your main home: \_\_\_\_\_

Postcode \_\_\_\_\_ Local Authority \_\_\_\_\_

**Please help us, by providing a copy of your Council Tax bill in respect of your main home address.**

9 Was your **PREVIOUS ADDRESS** located within the City of London? **YES / NO** \*

**IF YES** - please provide the following details so that we can amend our records:

Previous Address \_\_\_\_\_

Postcode \_\_\_\_\_

Property Reference Number / Account Number \_\_\_\_\_

**Date of Sale / Termination of Tenancy** \* \_\_\_\_\_

**Name & Address of New Owners / Landlords / Agents** \* \_\_\_\_\_

Postcode \_\_\_\_\_

Contact Name / Tel. No. of Landlord:

10 **PAYMENT DETAILS** ✓ TICK

How do you wish to pay your instalments: Yearly  Half Yearly  Monthly

Preferred method of payment: Direct Debit  Standing Order  Cash/Cheque

**CORRESPONDENCE ADDRESS**

Do you wish accounts / correspondence to be sent to the property ? **YES / NO** \*

**If NO** - please specify the address: \_\_\_\_\_

Postcode \_\_\_\_\_

PLEASE NOTE THAT IF, UNDER THE PROVISIONS OF REGULATIONS 3, 4 AND 5 OF THE COUNCIL TAX (ADMINISTRATION & ENFORCEMENT) REGULATIONS 1992, YOU FAIL TO SUPPLY INFORMATION; OR HAVE NOT RESPONDED WITHIN 21 DAYS OF A WRITTEN REQUEST FOR SUCH INFORMATION, OR KNOWINGLY SUPPLIED FALSE INFORMATION, YOU MAY BE SUBJECT TO A PENALTY OF £70.00 FOR A FIRST OFFENCE AND £280.00 FOR EACH SUBSEQUENT OFFENCE.

**DECLARATION - I certify that the information given on this form is correct:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Print Name

(give position in company, if relevant)

**Please provide your contact details so that we can deal quickly with any query:**

Tel. No. (Home & Mobile):

Tel. No. (Daytime):

**E-mail address:**

PLEASE RETURN THIS FORM WITHIN 5 DAYS TO:

**LIBERATA UK LTD**  
**City of London - COUNCIL TAX SECTION**  
**4th Floor, 125 Wood Street**  
**London, EC2V 7AN**  
**Telephone Enquiries - 020 7332 1882**

Council Tax and Data Protection - How we will use your information

The information that you provide will be processed in accordance with the provisions of the Data Protection Act 1998 and relevant legislation. This authority has a duty to protect public funds it administers, and may use information held about you for the prevention and detection of fraud and other lawful purposes. This may include, but not be limited to, matching council tax data with Electoral Registration records. The council will also use the information for the purpose of performing any of its statutory enforcement duties. It will make any disclosures required by law and may also share this information with other bodies responsible for auditing or administering public funds. We will not disclose your personal information to third parties for marketing purposes.