

# CITY OF LONDON - BUSINESS RATES

## INCOMING OCCUPIER FORM [ \* Please delete whichever is not applicable]

PLEASE COMPLETE AND RETURN THIS FORM WITHIN 5 DAYS SO THAT YOUR RATE LIABILITY CAN BE CALCULATED CORRECTLY. A PRE-PAID ENVELOPE IS PROVIDED FOR YOUR CONVENIENCE.

DATE:

PRN:

"DATA PROTECTION ACT 1998": The information on this form will be used to help the council decide on liability for National Non-Domestic Rates. The information will only be used in connection with billing, collection and recovery of Local Taxes and Revenues, including the calculation of any reliefs. The data may be disclosed to other Local Authorities for Local Taxation purposes only and also to the Council's auditors.

1) Address of Property:

\_\_\_\_\_  
\_\_\_\_\_

Description of Property: \_\_\_\_\_

2) Full name of occupier: \_\_\_\_\_

Is this a Limited company? \* YES/NO

If YES please quote registered number: \_\_\_\_\_

If NO please give full name(s) of Proprietor(s) or Senior Partner(s): \_\_\_\_\_

\_\_\_\_\_

Correspondence address if different from the property: \_\_\_\_\_

\_\_\_\_\_

Date liability for premises commenced: \_\_\_\_\_

Date furniture and/or fittings moved in: \_\_\_\_\_

Date business operations commenced: \_\_\_\_\_

Is your rental agreement inclusive of rates? \* YES/NO

If YES please give name and address of Landlord:

\_\_\_\_\_  
\_\_\_\_\_

Contact Name / Tel. No. of Landlord: \_\_\_\_\_

### 3) PAYMENT DETAILS (PLEASE TICK)

How do you wish to pay your instalments?

Preferred method of payment

Monthly  Yearly  Half Yearly

Direct Debit  Standing Order  Cash/Cheque

[PLEASE CONTINUE OVER]

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

If YES please provide the following details:

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

Property Ref. Number / Account Number: \_\_\_\_\_

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

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

Contact Name / Tel. No. of Landlord: \_\_\_\_\_

**CONTACT DETAILS**

NAME (Please Print): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

POSITION IN ORGANISATION: \_\_\_\_\_  
\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATED: \_\_\_\_\_

PLEASE RETURN THIS FORM WITHIN 5 DAYS TO:

THE CITY OF LONDON RATES SECTION  
LIBERATA UK LIMITED  
4th FLOOR  
125 WOOD STREET  
LONDON, EC2V 7AN

Telephone enquiries 020 7332 1365