

## VIRTUAL OFFICE APPLICATION

### Business Overview

Type of Business (✓)	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd Company no _____ <input type="checkbox"/> Other _____
Business Name	
Key Contact/Position	
Current Business Address, if applicable (home address if no business address)	_____ _____
Registered Business Address, if applicable	_____ _____
Tel Number (s)	
E mail Address	
Description of Business use	

### Individual Names (for each individual signing contract complete details below)

Title	Forename(s)	Surname	Status	ID
			Owner <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/>	<input type="checkbox"/>
			Owner <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/>	<input type="checkbox"/>

**Please note that address and photo ID will be required for each person signing the licence agreement.**

Start Date of Service	
-----------------------	--