



Notification of Changes

Account Number

Address of Premises

I am moving **out** of a Property Complete Questions 1 –9 and 18

I am moving **into** a Property Complete Questions 10 - 17 and 18

MOVING OUT OF A PROPERTY

1) Are you the owner of the above property?
YES NO

2) Do you lease the property to someone else?
YES NO

3) Do you lease the property from someone else? YES NO

4) On what date does the lease expire? Day Month Year

5) Name and address of Landlord

6) Your forwarding address and telephone number

7) Are the premises now vacant i.e. now empty of goods YES NO

If Yes from what date Day Month Year

8) Details of New/Current owners/Occupiers or Leaseholders.

Full name

Trading Title

Address

9) Date Premises changed hands Day Month Year

MOVING INTO A PROPERTY – New Occupiers Details

9) Name of person(s) liable to pay (Please note we are not able to bill in “Trading Names”)

Which category applies to you?

Limited Company Partnership Sole Trader

Please list all partners names if a partnership.

10) Address to which bills or correspondence should be sent

Email address

12) Date of purchase/lease

Day	Month	Year
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13) If leased Landlord’s name, address and telephone number

14) Do you, your company or any partners pay Non-Domestic Rates on any other property/land in England YES NO
If YES please provide details at 18

15) Preferred method of payment, please tick as appropriate

Direct Debit Paying by Direct Debit eliminates queuing, postage and the need to remember to make the payment. Please complete an on-line Direct Debit Form.

- Monthly Payments
- Half Yearly Payments
- Annual Payment
- BACS Payment
- On-Line/ Telebanking

16) What date will or were the premises occupied i.e. date goods, stock and equipment were moved into the premises

Day Month Year (Compulsory)

17) Please write in the box the proposed use of the premises when occupied. For example Shop; Office; Factory; Workshop etc. If selling food, please advise of the types of food being sold. See Rate Relief for Village Shops

18) Contact Telephone Number

Name and capacity of person completing this form

Signed

Date

Data Protection & Fraud Prevention

The information given on this form may be held on computer to enable the Council to meet its statutory duties. We may use the information you have provided to prevent and detect fraud. We may also share this information with other Councils or agencies that handle public funds.