

**Application for Registration of a Mail Forwarding Business under the London Local Authorities Act 2007**

Please complete the application form legibly in block capitals. Use additional sheets if necessary. Please contact us on 0208 407 1311 should you have any questions about completing this form.

Is the application being made by :

An individual A partnership A body corporate

(Note, a body corporate includes a limited company)

|  |
| --- |
| Full name of applicant (ie the individual, partnership or body corporate)  • If a partnership please give full names of all partners  • If a body corporate its full incorporated name |

|  |
| --- |
| Address of applicant (including postcode)  • If an individual the private address of the individual  • If a partnership the principal address  • If a body corporate the registered office address |

|  |
| --- |
| Trading Name of the mail forwarding business |
| Business Address(es) in the London Borough of Croydon  (Please give **all** addresses in Croydon occupied by the applicant for the purposes of the business. Please indicate which are postal addresses made available to clients.) |

Please give the following means of contacting the applicant where applicable:-

|  |
| --- |
| Daytime Tel no. |

|  |
| --- |
| Email |

|  |
| --- |
| Name of contact where applicant is a body corporate (please give the designation of the named contact) |

Please note-

Giving false information in respect of the name and address of the applicant and the address of each place occupied by the applicant for the purposes of the business is an offence under section 75 of the London Local Authorities Act 2007**.**

**APPLICATION FEE £99.**

**Please make cheques payable to ‘London Borough of Croydon’, or pay by credit/debit card by phoning 0208 407 1311.**

**Please note all payments made by credit card will incur a fee of 1.65%.**

Fee: I enclose payment (tick box)

**Declaration of Applicant**

I ……………………………………………………….(please print name) declare

that the information given above is true and accurate.

Date……………………………………………………………………………………

Signature……………………………………………………………………………….

Designation of Signatory……………………………………………………………..

Please complete this application form in full and return it together with the fee for registration to:

**Croydon Trading Standards**

**6th Floor Zone A**

**Bernard Weatherill House**

**8 Mint Walk**

**Croydon**

**CR0 1EA**

**The information gathered in this form may constitute personal data as defined in the Data Protection Act 1998. Any personal data will be processed in accordance with the requirements of that Act**