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Issue Date	
Property Reference	
Account Reference	

NON DOMESTIC RATES CHANGE OF OCCUPATION DETAILS

NAME & ADDRESS OF OWNER/LANDLORD (must be completed in ALL cases)	
Name of outgoing occupier (if Known)	Date lease expires (if Known)
Vacation Date:	Forwarding address:
Incoming Occupier:	Date Freehold/Leasehold commenced
Date Trading commenced:	Will property be fully occupied:
Address for all correspondence:	Payment by direct debit: (authorised subject to the safeguards assured by direct debit scheme) Sort code: A/C number Account Name
Telephone Number:	Payment Date 1 st of the Month:
Email Address:	

NON-DOMESTIC RATES ENQUIRY FORM

1. GENERAL INFORMATION – Property Ref:

Account Number:

Is the business operated by a Limited Company, a Partnership, a Sole Trader, or a Charity/Trust
(Please identify as appropriate and then move to the relevant section).

Limited Company	Partnership	Sole trader	Charity/Trust
Yes/No	Yes/No	Yes/No	Yes/No

2. Limited Companies – Please supply the following details:

Registered Name & Address of Company	Trading Name if different	Reg Number

3. Partnerships- please supply the following details:

Trading Name of Partnership	Full Name and Home address of all Partners

4. Sole Traders – Please supply the following Information:

Trading Name	Full Name and Home Address of Sole Trader

5. Charities/Trusts – please supply the following details

Registered Name	Registered Number	Names of Trustees

Declaration:

I declare the information given is true and accurate to the best of my knowledge and belief:

Signed _____ Name (print) _____

Position (i.e. Director) _____ Date _____

The information on this form is necessary to administer your business rates and fulfil the council's statutory functions, and will not be used for any other purposes.

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We can provide this information in different formats if needed. Please call 01707 357000 and ask for the Council Tax section or email c.tax@welhat.gov.uk