APPLICATION FORM FOR A UNIT WITHIN THE SPRINGBOARD BUSINESS CENTRE LTD

Please complete this form <u>in full</u> and return to:
The Springboard Business Centre, Mantle Lane, Coalville, Leicestershire LE67 3DW

In the case of partnership, sections A and B must be completed <u>in full</u>.

Continue on additional sheet(s) if necessary.

A) Forenames (in full – not initials – please print)		
Title (Mr, Mrs, Miss, other)		
Surname		
Home Address		
	Post Code	
Telephone number (including code)		
How long at this address?		
	Post Code	
Date of Birth	ational Insurance number	
В)		
Title (Mr, Mrs, Miss, other)		
Home Address		
	,	
	Post Code	
Telephone number (including code)		
How long at this address?	If less than two years, please give previous address(s)	
	Post Code	
	lational Insurance number	
Do you intend to devote the majority of your time to the running of this business? Yes/No		
Nature of Proposed Business		

Trading Name of Business	
Special requirements (e.g. 3 phase electricity, water, outside	le access etc.)
I am/we are currently trading from home/other pre appropriate)	mises/not trading (delete as
Is this your first business venture? Yes/No	
If No please give details of previous business history (necessary)	continue on separate sheet if
Company Name	
Trading Address	
Company Registration Number	
Date commenced trading	
Date ceased trading and why	
Name of current bank	
Address of current bank	
I/We wish to be considered for a unit within The Springboar bank may be contacted for a reference, if necessary.	d Centre and agree my current
A) Signed	
Print Name	
B) Signed	
Print Name	

Please note: Upon the signing and submission of this form you are giving us consent to make a search with a Credit Reference Agency, who will keep a record of the search and may share this information with other businesses.

THE SPRINGBOARD CENTRE RESERVES THE RIGHT TO REFUSE ANY APPLICATION WITHOUT EXPLANATION.

This information will be kept confidential under the GDPR 2018 regulations

The Springboard Business Centre Ltd Credit & Fraud Check Application Form

(Office use only) Unit Applied For:Unit Rent Per Month:
(Office use only) Date of Application:
Please complete in BLOCK CAPITALS to reduce errors All fields must be completed
Title Surname
Date of Birth
Address (including postcode)
Time at AddressYearsMonths
Contact Number Mobile Number
Email address
Have you had any County Court Judgements/Bankruptcy in the past 5 years: Yes/NO
Previous Address(s) if current less than 5 years
Bank

This information will be kept confidential under the GDPR 2018 regulations

Identification Validation (UK Passport, Driving Licence, Utility Bill, Bank Statemen any of the above to be provided	ł)
Verified by office	
Additional Comments	
The details supplied by you are checked against those held on credit reference agence databases. A record may be kept by them of this search, however this should not affect your ability to obtain credit or other services. Information is processed in confidence an within the guidelines of the Data Protection Act (1998) and the appropriate international privacy laws.	ct d
<u>Authorisation</u>	
I confirm the information provided on this form is accurate and true. I authoris The Springboard Centre to conduct a search given the information provided and to mak and enquiries necessary to assess my suitability for a unit within The Springboard Centre.	
Signed	
Printed Name	•
Date	
THE SPRINGBOARD CENTRE RESERVES THE RIGHT TO REFUSE ANY APPLICATION WITHOUT EXPLANATION	N.

THE SPRINGBOARD BUSINESS CENTRE LTD

MANTLE LANE

COALVILLE

LEICESTERSHIRE

LE67 3DW

(01530 839531)

office@springboardcentre.co.uk

This information will be kept confidential under the GDPR 2018 regulations