

Notification of Change of Details. LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

APPLICANT DETAILS	
I wish to update the following details (Please tick)	
Name (Note - you may be asked to provide proof of name change)	
Home Address	
Primary registered trading address	
Additional Trading address (Note – The trading address must already be registered)	
Current details	
Full Name:	
Primary registered trading address:	
Home Address:	
Telephone Number:	
Mobile Number:	
Email Address:	
Registration Number	
Registration Issue Date	
New details	
Full Name:	
Primary registered trading address:	
Home Address:	
Telephone Number:	
Mobile Number:	
Email Address:	

Continued over leaf.

DECLARATIONS

1. I have enclosed full payment, the sum of £

(please refer to Wiltshire Council current fees and charges)

- 2. I understand that my application will not be accepted until full payment has been received.
- 3. I acknowledge that full payment must be made within 28 days of submission.
- 4. I acknowledge that payment is non-refundable should I withdraw my application.

You will be contact within 14 days to make payment or you can call 0300 456 0107

I do hereby certify that to the best of my knowledge and belief the above particulars are

true Signed:(Holder of

registration)

Dated:

Please return form to: Public Protection, County Hall, Bythesea Road, Trowbridge BA14 8JN or <u>publicprotectionwest@wiltshire.gov.uk</u>