

Change of Tenancy Form (Commercial Properties)



Your Details

Name	<input type="text"/>		
Company Name and Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Company Registration Number	<input type="text"/>	Telephone Number	<input type="text"/>
Email Address	<input type="text"/>	Fax Number	<input type="text"/>

Property Details

Site Address	<input type="text"/>		
MPAN(s)	<input type="text"/>		
Meter Location	<input type="text"/>		
Current Meter Reading(s)	<input type="text"/>	Meter Serial Number	<input type="text"/>

Change of Tenancy Date/Read(s)

Meter read(s) on Change of Tenancy Date:	<input type="text"/>	Change of Tenancy Date:	<input type="text"/>
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Outgoing Occupier Details

Change of Tenancy Date:	<input type="text"/>	Telephone Number	<input type="text"/>
Email Address	<input type="text"/>	Fax Number	<input type="text"/>
Forwarding Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Incoming/New Occupier Details

Company/Business Name	<input type="text"/>		
Company Registration Number	<input type="text"/>		
Telephone Number	<input type="text"/>	Contact Name	<input type="text"/>
Fax Number	<input type="text"/>	Email Address	<input type="text"/>

Billing Address

Will site be Trading or Vacant?

Trading Vacant Copy of Lease/
Tenancy Agreement Yes No

Please state business use

Payment Method

CHAPS BACS DIRECT DEBIT CHEQUE

Account Name

Account Number

 Sort Code

Sole Trader Only

Name of Proprietor

Nature of Business

 Date of Birth

Home Address

Landlords Details

Name

 Telephone Number

Address

Signed

 Date

Name (Please Print)