Please tick the applicable box

|  |
| --- |
| Type of ApplicantChange of ownership [ ]  *Please fill in the details of the new owner below*Operator [ ] Other [ ]  *Please specify:*  |

Please fill out the following information

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| Applicant detailsName

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Address1

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Address2

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City

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State

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Post Code

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Country

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VAT number

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Telephone

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Email

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| Applicant company details *(if applicable)*Name

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Address1

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Address2

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| Invoice details *(if applicable)*Name

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Address1

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Address2

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