Please tick the applicable box

|  |
| --- |
| Type of Applicant  Change of ownership  *Please fill in the details of the new owner below*  Operator  Other  *Please specify:* |

Please fill out the following information

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant details  Name   |  | | --- | |  |   Address1   |  | | --- | |  |   Address2   |  | | --- | |  |   City   |  | | --- | |  |   State   |  | | --- | |  |   Post Code   |  | | --- | |  |   Country   |  | | --- | |  |   VAT number   |  | | --- | |  |   Telephone   |  | | --- | |  |   Email   |  | | --- | |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant company details *(if applicable)*  Name   |  | | --- | |  |   Address1   |  | | --- | |  |   Address2   |  | | --- | |  |   City   |  | | --- | |  |   State   |  | | --- | |  |   Post Code   |  | | --- | |  |   Country   |  | | --- | |  |   VAT number   |  | | --- | |  |   Telephone   |  | | --- | |  |   Email   |  | | --- | |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Invoice details *(if applicable)*  Name   |  | | --- | |  |   Address1   |  | | --- | |  |   Address2   |  | | --- | |  |   City   |  | | --- | |  |   State   |  | | --- | |  |   Post Code   |  | | --- | |  |   Country   |  | | --- | |  |   VAT number   |  | | --- | |  |   Telephone   |  | | --- | |  |   Email   |  | | --- | |  | |

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