

## APPLICATION FOR CHANGE TO BUSINESS STRUCTURE

This form is for making amendments to an account where the named account holder(s) details are remaining the same.

Should the current account holders name need to change/ be removed, we **CANNOT** accept this form and it will be returned to you.

If the named person is to be changed, please contact us on 0345 121 2235 for further details. Alternatively, you can make the transfer of ownership application on our website: [www.mynewsaccount.co.uk](http://www.mynewsaccount.co.uk)

Please tick all changes that apply:

- Business Structure (LTD Co/Sole trader/Franchise etc)
- Adding/removing partner
- Bank details
- Trading Name

Please complete all sections in **BLOCK CAPITALS**

Please note **ALL** pages of this form must be returned regardless of whether they are completed or not.

Date:		Customer Number:
Distribution Centre:		

### **Section 1: Present account details**

Title:		First Name:	
Surname:			
Company or Partnership Names			
Trading Name:			
Store Address:			
Postcode:			
Telephone Number:			
Mobile Number:			
E-mail Address:			

**Section 2: New Business Information** - Please confirm your business structure below:

Please tick relevant option for your new business structure:

Franchise		Please complete <b>part A</b> of this section
Licensed Manager		
PLC		Please complete <b>part B</b> of this section
Limited Company		
Sole Trader		Please complete <b>part C</b> of this section
Partnership		

**Part A – Franchises and Licensed Managers only**

**1. Please print your full name:**

First Name:										
Surname:										
Date of Birth:			/			/				

**2. If you have a business partner(s) please provide their full name(s):**

First Name:										
Surname:										
Date of Birth:			/			/				
First Names:										
Surname:										
Date of Birth:			/			/				

**3. Please provide your home address and telephone number:**

Address:										
Postcode:										
Telephone Number:										

**3a. Are you on the Electoral Role at this address?** Yes  No

**4. If you have lived here for less than 2 years please give us your previous address:**

Address:										
How long have you lived here?										
Postcode:										

Address:										
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How long have you lived here?									
Postcode:									
Address:									
How long have you lived here?									
Postcode:									

**Please now go to section 3**

**Part B – PLCs and Limited Companies only**

**1. Company Details:**

Company Name:	
Contact Name:	
Office Address:	
Postcode:	
Telephone Number:	
Fax Number:	
Email:	

**2. Registered Office:**

Registration Number:	
Office Address:	
Postcode:	
Telephone Number:	
Fax Number:	
Email:	

**Please now go to section 3**

**Part C – Sole Traders and Partnerships only (All partners must sign page 5. Our T&C's)**

**1. Please print your full name:**

First Name:								
Surname:								
Date of Birth:		/		/				

**2. Please provide your home address and telephone number:**

Address:									
Postcode:									

Telephone Number:	
Property Ownership:	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>

**3. If you have lived here for less than 2 years please give us your previous address:**

Address:										
How long have you lived here?										
Postcode:										

**4. If you have a business partner(s) please provide their full name(s) and address(s):**

First Name:										
Surnames:										
Date of Birth:			/			/				
Address:										
Postcode:										
First Names:										
Surnames:										
Date of Birth:			/			/				
Address:										
Postcode:										

**Please confirm your sites new trading name below:**

New Trading Name:										
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**Section 3: Your Bank**

If there are changes to your direct debit please fill in the below and complete a direct debit form.

Please provide details of your bank to provide us with the authority to approach your bank for a reference. This authority to your bank will remain in force whilst any monies are due under this agreement. We will also be requesting a report from a commercial credit reference agency. Please ensure you sign the below section. **You must also complete the separate Direct Debit Form.**

**Bank Details**

Bank Name:										
Branch:										
Address:										

Postcode:							
Account Name:							
Account Number:							
Sort Code:		/		/			

## **Section 4: Important notes and Statements**

### **Important notes**

1. Before signing below, you should carefully read our Terms and Conditions of Business.
2. Our decision to supply will be based on you satisfying the provisions of the code. We reserve the right to terminate supplies if any of the details are false.

### **Statements**

1. I have read and agree the Terms and Conditions of Business
2. In the case of a business being carried on by a Limited Company, in consideration of supplies being made by Smiths News and / or their successors to the Limited Company. I/We hereby jointly and severally guarantee payment and agree to pay all such sums as may be due to Smiths News in so far as the same may from time to time remain outstanding
3. I understand that I will be required to provide proof of my identity

By ticking the box below, I confirm that I have read, understood and agree to be bound by Smiths News' Terms and Conditions of Business with Our Customers and separately (i) I confirm, warrant and certify that I have the requisite authority to bind all persons named in this application, upon which these Terms and Conditions shall constitute legal, valid, binding and enforceable obligations; (ii) I authorise a credit check to be carried out against the persons/organisations named in this application **now and at any time during the trading period or whilst monies are outstanding to Smiths News** and (iii) in consideration of supplies being made by Smiths News I/We hereby jointly and severally guarantee to pay all sums as may be due to Smiths News insofar as the same may from time to time be outstanding and, to the extent necessary, agree to sign any written form of guarantee as may be requested from time to time (including where the business is carried on by a limited company or limited liability partnership).

**Please tick this box to confirm your acceptance.**

<b>Signature:</b>			
<b>Name (Printed):</b>			
<b>Date of Birth:</b>		<b>Date:</b>	

### **All Partners must sign**

Signature:			
Name (Printed):			
Date of Birth:		Date:	

Signature:			
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Application form for change to business structure.

Name (Printed):			
Date of Birth:		Date:	

Signature:			
Name (Printed):			
Date of Birth:		Date:	

**For Smiths News use only**

Date application received:	
House number:	
Date DDM & DG received:	
Date ID received:	