

# Application Form

## Trading Office/Warehouse Application Form

Please fill in the following form and return to us electronically.

### (1) Existing EEA Company

Applicant Name	<a href="#">Click here to enter text.</a>
Company Name	<a href="#">Click here to enter text.</a>
Company Registration Number	<a href="#">Click here to enter text.</a>
Date of Incorporation	<a href="#">Click here to enter text.</a>
Company Tax ID / VAT Number	<a href="#">Click here to enter text.</a>
Full Registered Address	<a href="#">Click here to enter text.</a>
Company Website Address	<a href="#">Click here to enter text.</a>
Main Telephone Number (Company)	<a href="#">Click here to enter text.</a>
Main Telephone Number (Applicant)	<a href="#">Click here to enter text.</a>
Mobile Telephone Number (Applicant)	<a href="#">Click here to enter text.</a>
Email Address (Applicant)	<a href="#">Click here to enter text.</a>

### (2) Signing Director/UBO Details

<b>Person 1:</b> Officer Position	<input type="checkbox"/> UBO (Ultimate Beneficial Owner) <input type="checkbox"/> Director
--------------------------------------	---

First Name	<a href="#">Click here to enter text.</a>
Last Name	<a href="#">Click here to enter text.</a>
Date of Birth	DD/MM/YYYY
Nationality	<a href="#">Click here to enter text.</a>
Full Home Address	<a href="#">Click here to enter text.</a>
Service Address <i>(Company or Officer address to be held on public company records)</i>	<a href="#">Click here to enter text.</a>
Office Telephone Number	<a href="#">Click here to enter text.</a>
Mobile Telephone Number	<a href="#">Click here to enter text.</a>
Director: E-mail Address	<a href="#">Click here to enter text.</a>

<b>Person 2:</b> Officer Position	<input type="checkbox"/> UBO (Ultimate Beneficial Owner) <input type="checkbox"/> Director
First Name	<a href="#">Click here to enter text.</a>
Last Name	<a href="#">Click here to enter text.</a>
Date of Birth	DD/MM/YYYY
Nationality	<a href="#">Click here to enter text.</a>

Full Home Address	<a href="#">Click here to enter text.</a>
Service Address <i>(Company or Officer address to be held on public company records)</i>	<a href="#">Click here to enter text.</a>
Office Telephone Number	<a href="#">Click here to enter text.</a>
Mobile Telephone Number	<a href="#">Click here to enter text.</a>
Director: E-mail Address	<a href="#">Click here to enter text.</a>

*NOTE: For additional Signing Directors/UBO's, please provide with this application*

### (3) Company Products

Please provide details of your Products/Services	<a href="#">Click here to enter text.</a>
Website Address where your Products/Services are sold	<a href="#">Click here to enter text.</a>
Customer Services Telephone Number	<a href="#">Click here to enter text.</a>
Customer Services Email Address	<a href="#">Click here to enter text.</a>

#### (4) Trading Office Requirements

Office Location	Pre-approved location at discretion of EMS
Office Type Required	<input type="checkbox"/> Office & Desk Facilities <input type="checkbox"/> Warehouse Facilities * <input type="checkbox"/> Storage Facilities * <i>* NOTE: Warehouse &amp; Storage facilities will be charged at full commercial rates which will add to the quoted tenancy licence costs.</i>

#### (5) Customer Service and Office Telephone Number Requirements

A local telephone (STD) number or London number will be supplied by European Merchant Services (UK) Limited as part of the office licence and overall business service provided.

The way that the tenant can take advantage of this service and being able to demonstrate an employed footprint is to decide how best they wish this service to be delivered.

This should be decided by the new tenant from the following three options (SELECT ONE ONLY):

<b>OPTION 1:</b> Provision of a local or London Area Code Telephone Number.	<input type="checkbox"/> Local Number (Trading office location) <input type="checkbox"/> London Area Number
<b>OPTION 2:</b> An incoming telephone call will be answered during normal UK business hours and will then be transferred to a telephone number of your choice worldwide (additional costs will apply).	Enter your required forwarding number
<b>OPTION 3:</b> An incoming telephone call will be answered during normal UK business hours and a message email will be sent to a given email address.	Enter your required forwarding email address

## (6) Confirmation & Applicant Signature

Please confirmation that all information is true & correct.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Applicants Signature	
Applicants Name	Click here to enter text.
Company Name	Click here to enter text.
Applicant Job Title	Click here to enter text.
Date of Signature	Click or tap to enter a date.

## EMS Statement:

European Merchant Services (UK) Ltd, (EMS), hereby confirms that the information provided in this application shall not be shared and will be handled in a confidential manner at all times.