

Use this form to tell us about all the trustees. Please make sure that every trustee completes and signs one of the sections. These details form part of your application to register for Climate Change Levy.

Use capital letters and write clearly in black ink or typescript.

If you need more copies, write to the Central Collection Unit at the address shown opposite.

Where to send the form?

Send the completed form, together with form CCL1 *Application for registration*, to:

HMRC Central Collection Unit (CCL)
Alexander House
21 Victoria Avenue
Southend on Sea
SS99 1AY

Trading name of trust

Full name of trustee *Include title, Mr, Mrs, Miss etc.*

Home address

Postcode

Phone number

Signature

Date *DD MM YYYY*

Full name of trustee *Include title, Mr, Mrs, Miss etc.*

Home address

Postcode

Phone number

Signature

Date *DD MM YYYY*

For official use

Date of receipt *DD MM YYYY*

DTR number

<p>Full name of trustee <i>Include title, Mr, Mrs, Miss etc.</i></p> <input type="text"/> <input type="text"/>	<p>Phone number</p> <input type="text"/>
<p>Home address</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>Postcode</p>	<p>Signature</p> <input type="text"/>
	<p>Date <i>DD MM YYYY</i></p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<p>Full name of trustee <i>Include title, Mr, Mrs, Miss etc.</i></p> <input type="text"/> <input type="text"/>	<p>Phone number</p> <input type="text"/>
<p>Home address</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>Postcode</p>	<p>Signature</p> <input type="text"/>
	<p>Date <i>DD MM YYYY</i></p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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<p>Home address</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>Postcode</p>	<p>Signature</p> <input type="text"/>
	<p>Date <i>DD MM YYYY</i></p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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