

Partnership details

Registration number (if known)	
Business name	
Each partner should complete one of the sections below. Please Provide the details for each partner.	write clearly in black ink and use capital letters.
Full name	Full name
Address	Address
Postcode Contact phone number	Contact phone number
National Insurance number/Tax identifer in country of origin	National Insurance number/Tax identifer in country of origin
Signature	Signature
Date DD MM YYYY	Date DD MM YYYY
Full name	Full name
Address	Address
Postcode	Postcode
Contact phone number	Contact phone number
National Insurance number/Tax identifer in country of origin	National Insurance number/Tax identifer in country of origin
Signature	Signature
Date DD MM YYYY	Date DD MM YYYY

Details of each partner continued

Provide the details for each partner

Business name	
Full name	Full name
Address	Address
Postcode	Postcode
Contact phone number	Contact phone number
National Insurance number/Tax identifer in country of origin	National Insurance number/Tax identifer in country of origin
Signature	Signature
Date DD MM YYYY	Date DD MM YYYY
Full name	Full name
Address	Address
Postcode	Postcode
Contact phone number	Contact phone number
National Insurance number/Tax identifer in country of origin	National Insurance number/Tax identifer in country of origin
Signature	Signature
Date DD MM YYYY	Date DD MM YYYY
	For LIMPS use and the
	For HMRC use only
	Date of receipt DD MM YYYY