



Registration number (if known)

Business name

Reason for filling in this form, put an 'X' in one box

New registration of partnership

Change in partner's details

Change in bank accounts

Each partner should complete one of the sections below. Please write clearly in black ink and use capital letters.  
Provide the details for each partner.

Full name

Address

Postcode

Contact phone number

National Insurance number/tax identifier in country of origin

Signature

Date DD MM YYYY

Full name

Address

Postcode

Contact phone number

National Insurance number/tax identifier in country of origin

Signature

Date DD MM YYYY

Full name

Address

Postcode

Contact phone number

National Insurance number/tax identifier in country of origin

Signature

Date DD MM YYYY

Full name

Address

Postcode

Contact phone number

National Insurance number/tax identifier in country of origin

Signature

Date DD MM YYYY

## Details of each partner continued

Provide the details for each partner

**Business name**

**Registration number (if known)**

**Full name**

**Address**

  
  
  

Postcode

**Contact phone number**

**National Insurance number/tax identifier in country of origin**

**Signature**

**Date** DD MM YYYY

**Full name**

**Address**

  
  
  

Postcode

**Contact phone number**

**National Insurance number/tax identifier in country of origin**

**Signature**

**Date** DD MM YYYY

**Full name**

**Address**

  
  
  

Postcode

**Contact phone number**

**National Insurance number/tax identifier in country of origin**

**Signature**

**Date** DD MM YYYY

**Full name**

**Address**

  
  
  

Postcode

**Contact phone number**

**National Insurance number/tax identifier in country of origin**

**Signature**

**Date** DD MM YYYY

For HMRC use only

Date of receipt DD MM YYYY