



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

Date of birth DD MM YYYY

Address

Postcode

Contact phone number

National Insurance number/tax identifier in country of origin

Signature

Date DD MM YYYY

Full name

Date of birth DD MM YYYY

Address

Postcode

Contact phone number

National Insurance number/tax identifier in country of origin

Signature

Date DD MM YYYY

Full name

Date of birth DD MM YYYY

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Signature

Date DD MM YYYY

Full name

Date of birth DD MM YYYY

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

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Date DD MM YYYY

For HMRC use only

Date of receipt DD MM YYYY