

[Insert name and address of relevant licensing authority and its reference number (optional).]

**Application for a premises licence to be granted
under the Licensing Act 2003**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I NAVINCHANDRA PATEL

(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description MITCHAM NEWS, 25 UPPERGREEN EAST, MITCHAM, SURREY, CR4 2PE			
Post town	MITCHAM	Postcode	CR4 2PE

Telephone number at premises (if any)	020 8648 2931
Non-domestic rateable value of premises	£8300

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
- i. as a limited company please complete section (B)
- ii. as a partnership please complete section (B)
- iii. as an unincorporated association or please complete section (B)
- iv. other (for example a statutory corporation) please complete section (B)

- c) a recognised club please complete section (B)
- d) a charity please complete section (B)
- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)




* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

I am making the application pursuant to a statutory function or
 a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname PATEL			First names NAVINCHANDRA		
I am 18 years old or over				Please tick yes <input checked="" type="checkbox"/>	
Current postal address if different from premises address					
Post town	CROYDON			Postcode	
Daytime contact telephone number					
E-mail address (optional)	gtlicensingconsultants@googlemail.com				

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town		Postcode			
Daytime contact telephone number					
E-mail address (optional)					

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
08	07	2016

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)
 THE SHOP IS A GENERAL CONVENIENCE STORE & NEWSAGENT LOCATED IN A GROUND FLOOR RETAIL UNIT WITH STORE ROOMS, STAFF ROOM & TOILET TO THE REAR OF THE PREMISES. IT HAS A COMMERCIAL PREMISES ABOVE AND IS SITUATED IN A PARADE OF SHOPS WITH A COMMERCIAL PREMISES ABOVE AT 25 UPPERGREEN EAST.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

N/A

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of late night refreshment (if ticking yes, fill in box I)

Supply of alcohol (if ticking yes, fill in box J) X

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Sun					
			<u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			
Thur			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
Tue								
Wed						State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur								
Fri						Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat								
Sun								

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed					
Thur					
			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Fri			Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)					
Mon								
Tue								
Wed						<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Thur								
Fri						<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat								
Sun								

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun					

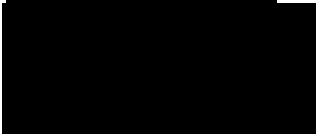

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>			
				Off the premises	X			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) NONE					
Mon	08.00	23.00						
Tue	08.00	23.00						
Wed	08.00	23.00						
Thur	08.00	23.00						
Fri	08.00	23:00						
Sat	08.00	23.00						
Sun	0800	23.00						
						Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5) NONE		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

Name MR NAVINCHANDRA PATEL	
Address 	
Postcode	
Personal licence number (if known) 15/00445/LIPERS	
Issuing licensing authority (if known) LONDON BOROUGH OF CROYDON	

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8).

NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4) NONE
Day	Start	Finish	Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5) NONE
Mon	05.30	23.00	
Tue	05.30	23.00	
Wed	05.30	23.00	
Thur	05.30	23.00	
Fri	05.30	23.00	
Sat	05.30	23.00	
Sun	06.30	23.00	

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)

WE WILL OPERATE OUR BUSINESS IN A RESPONSIBLE MANNER AND ACTIVELY PROMOTE THE LICENSING OBJECTIVES AT ALL TIMES. THE SHOP IS A GENERAL CONVENIENCE STORE & NEWSAGENT.

b) The prevention of crime and disorder

- 1) THE PREMISES SHALL INSTALL AND MAINTAIN A COMPREHENSIVE CCTV SYSTEM AS PER THE MINIMUM REQUIREMENTS OF A METROPOLITAN POLICE CRIME PREVENTION OFFICER. ALL ENTRY AND EXIT POINTS WILL BE COVERED ENABLING FRONTAL IDENTIFICATION OF EVERY PERSON ENTERING IN ANY LIGHT CONDITION. THE CCTV SYSTEM SHALL CONTINUOUSLY RECORD WHILST THE PREMISES IS OPEN FOR LICENSABLE ACTIVITIES AND DURING ALL TIMES WHEN CUSTOMERS REMAIN ON THE PREMISES. ALL RECORDINGS SHALL BE STORED FOR A MINIMUM PERIOD OF 31 DAYS WITH DATE AND TIME STAMPING. RECORDINGS SHALL BE MADE AVAILABLE IMMEDIATELY UPON THE REQUEST OF POLICE OR AUTHORISED COUNCIL OFFICERS THROUGHOUT THE PRECEDING 31 DAY PERIOD. THE CCTV SYSTEM SHOULD BE UPDATED AND MAINTAINED ACCORDING TO POLICE RECOMMENDATIONS.
- 2) A STAFF MEMBER FROM THE PREMISES WHO IS CONVERSANT WITH THE OPERATION OF THE CCTV SYSTEM SHALL BE ON THE PREMISES AT ALL TIMES WHEN THE PREMISES IS OPEN TO THE PUBLIC. THIS STAFF MEMBER MUST BE ABLE TO SHOW A POLICE OR AUTHORISED OFFICER RECENT DATA OR FOOTAGE WITH THE ABSOLUTE MINIMUM OF DELAY WHEN REQUESTED.
- 3) NO SUPER STRENGTH BEER, LAGERS OR CIDERS OF ABOVE 5.5%ABV (ALCOHOL BY VOLUME) SHALL BE SOLD AT THE PREMISES.
- 4) NO SINGLE CANS OR BOTTLES OF BEER, LAGER OR CIDER SHALL BE SOLD AT THE PREMISES.
- 5) NO SPIRITS MAY BE SOLD IN BOTTLES OF LESS THAN 20 CENTILITES.
- 6) ALL SPIRITS SHALL BE DISPLAYED BEHIND THE COUNTER AND ALL OTHER ALCOHOL SHALL BE DISPLAYED IN LINE OF SIGHT OF THE COUNTER.
- 7) ALL ALCOHOL NOT ON DISPLAY MUST BE STORED IN A LOCKED STOREROOM.
- 8) IF THE SHOP IS OPEN OUTSIDE OF PERMITTED HOURS ALL ALCOHOL DISPLAYS MUST BE COVERED BY LOCKABLE SHUTTERS.
- 9) CHALLENGE 25 SHALL BE OPERATED AS THE PROOF OF AGE SCHEME.
(SEE BOX E CONDITION 1 FOR FULL DETAILS)
- 10) AN INCIDENT LOG SHALL BE KEPT AT THE PREMISES, AND MADE AVAILABLE ON REQUEST TO AN AUTHORISED OFFICER OF THE COUNCIL OR THE POLICE, WHICH WILL RECORD THE FOLLOWING;
A ALL CRIMES REPORTED TO THE VENUE
B ALL EJECTIONS OF PATRONS
C ANY COMPLAINTS RECEIVED
D ANY INCIDENTS OF DISORDER
E ANY FAULTS IN THE CCTV SYSTEM
F ANY REFUSAL OF THE SALE OF ALCOHOL
G ANY VISIT BY A RELEVANT AUTHORITY OR EMERGENCY SERVICE
- 11) A PERSONAL LICENCE HOLDER SHALL BE ON DUTY ON THE PREMISES AFTER 19.00 TO CLOSE ON FRIDAY & SATURDAY.
- 12) NOTICES WILL BE PROMINENTLY DISPLAYED BY THE ENTRY / EXIT DOOR & POINT OF

SALE / COUNTER AS APPROPRIATE:

- A) ADVISING THAT CCTV IS IN OPERATION.
 - B) ADVISING THAT CHALLENGE 25 IS IN USE AS THE PROOF OF AGE POLICY
 - C) ADVISING OF THE PROVISIONS OF THE LICENSING ACT REGARDING UNDERAGE AND PROXY SALES.
 - D) ASKING CUSTOMERS TO RESPECT NEARBY RESIDENTS, TO LEAVE QUIETLY, NOT TO LOITER OUTSIDE THE SHOP OR DRINK IN THE STREETS AND TO DISPOSE OF LITTER RESPONSIBLY LOITER.
- 13) MANAGEMENT & STAFF WILL ACTIVELY DISCOURAGE CUSTOMERS FROM LOITERING OUTSIDE THE PREMISES.

c) Public safety

A FIRE RISK ASSESSMENT AND EMERGENCY PLAN WILL BE PREPARED & REGULARLY REVIEWED. STAFF WILL BE GIVEN APPROPRIATE FIRE SAFETY TRAINING

d) The prevention of public nuisance

- 1) NOTICES WILL BE PROMINENTLY DISPLAYED BY THE ENTRY / EXIT DOOR AND POINT OF SALE / COUNTER AS APPROPRIATE. SEE BOX B CONDITION 12 FOR FULL DETAILS.
- 2) MANAGEMENT & STAFF WILL ACTIVELY DISCOURAGE CUSTOMERS FROM LOITERING OR DRINKING OUTSIDE THE PREMISES.
- 3) THE SHOP FRONT WILL BE KEPT TIDY AT ALL TIMES AND SWEEPED AT CLOSE OF BUSINESS.
- 4) NO DELIVERIES WILL BE RECEIVED OR RUBBISH REMOVED BETWEEN 20.00 AND 07.00

e) The protection of children from harm

- 1).THE CHALLENGE 25 PROOF OF AGE POLICY WILL BE OPERATED AND ONLY A PHOTOGRAPHIC DRIVING LICENCE, A VALID PASSPORT, HM FORCES ID CARD OR PROOF OF AGE CARDS WITH THE BEARER'S PHOTOGRAPH & THE PASS LOGO / HOLOGRAM ON IT WILL BE ACCEPTED AS PROOF OF AGE.
- 2) A WRITTEN REFUSALS RECORD WILL BE KEPT AS PART OF THE INCIDENT LOG AND MADE AVAILABLE TO POLICE OR COUNCIL OFFICERS ON REQUEST. IT SHALL INCLUDE THE DATE & TIME OF THE REFUSED SALE, A BRIEF DESCRIPTION OF THE CUSTOMER & WHAT THEY TRIED TO PURCHASE, THE NAME OF THE STAFF MEMBER WHO REFUSED THE SALE. THE PLH / DPS SHALL SIGN THE LOG ON A WEEKLY BASIS TO IDENTIFY ANY TRENDS IN UNDERAGE ETC PURCHASES AND ANY TRAINING OR STAFFING NEEDS.
- 3) NOTICES WILL BE PROMINENTLY DISPLAYED BY THE ENTRY / EXIT DOOR AND POINT OF SALE / COUNTER AS APPROPRIATE. SEE BOX B CONDITION 12 FOR FULL DETAILS.
- 4) ALL STAFF WILL BE TRAINED FOR THEIR ROLE ON INDUCTION AND AT REGULAR INTERVALS OF SIX MONTHS THEREAFTER. TRAINING WILL INCLUDE IDENTIFYING PERSONS UNDER 25, MAKING A CHALLENGE, ACCEPTABLE PROOF OF AGE, MAKING AND RECORDING A REFUSAL, PROXY SALES, AVOIDING CONFLICT AND RESPONSIBLE ALCOHOL RETAILING. A WRITTEN TRAINING RECORD WILL BE KEPT FOR EACH MEMBER OF STAFF AND BE MADE AVAILABLE TO POLICE OR AUTHORISED COUNCIL OFFICERS ON REQUEST.
- 5) UNLESS AN EPOS TILL SYSTEM WITH INTEGRAL AGE PROMPT WHEN AGE RESTRICTED PRODUCTS ARE BEING PURCHASED IS IN USE AT THE PREMISES A MANUAL TILL PROMPT REMINDING STAFF TO CHECK PROOF OF AGE WHERE APPROPRIATE, WILL BE DISPLAYED BY ALL TILLS.
- 6) NO UNACCOMPANIED CHILDREN WILL BE PERMITTED ON THE PREMISES AFTER 20.00. A

SIGN ADVISING THIS SHALL BE DISPLAYED IN THE WINDOW / DOOR OF THE PREMISES.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. X
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. X
- I understand that I must now advertise my application. X
- I understand that if I do not comply with the above requirements my application will be rejected. X

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 11).
If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	08/06/16
Capacity	AUTHORISED LICENSING CONSULTANTS

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

GT LICENSING CONSULTANTS,
55 CODENHAM GREEN,
BASILDON,
ESSEX,
SS16 5DT

Post town	BASILDON	Postcode	SS16 5DT
-----------	----------	----------	----------

Telephone number (if any)	██████████
---------------------------	------------

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)
gtlicensingconsultants@googlemail.com

Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

This page is intentionally left blank