



NNDR Apportionment Form

Property Ref. No

Property Address

Company Title/Trading As

Date Premises Stocked

Date Business Started Trading

Full Name(s) of Person/Partnership

If you are a Limited Company please give the name & address of the company secretary

Address of Registered Office

Company No.

Date Property/Lease Purchased

If leased, please give the date leased commenced

Length of Lease

Property Owners Name
Property Address

Previous Business Address (if applicable)

Address to which correspondence is to be sent

Daytime Telephone No.

How would you like to pay your business rates?
Please tick (✓) Cash Direct Debit

Frequency Please tick (✓) Monthly Half Yearly Yearly

I declare the information I have given on this form is correct and complete.
Signature: Date: