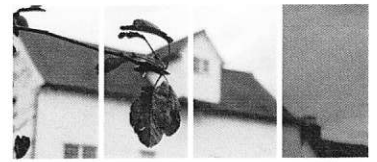


moulsham mill

T. 01245 608200 F. 01245 608310
www.moulshammill.co.uk - mail@moulshammill.co.uk



Ready to move in?.....

Thank you for your interest in bringing your business to Moulsham Mill. Please find attached the necessary forms for completion.

In addition we would ask you to note the following:

- 1) All rents are paid by a monthly direct debit and a mandate will be provided for you to complete.
- 2) At commencement of the agreement Licensees are required to pay two months rent, one of which is retained as a deposit, returnable on termination of the agreement. All other charges will be invoiced monthly.
- 3) Notice of termination of contract must be given in writing with a minimum of one month's notice by either party.
- 4) Rents are reviewed annually with any changes being effective from the 1st April each year.

NB All communications will be treated in confidence.

We look forward to receiving your details in order to progress your application.

*Please complete and forward attached forms to the address below marked FAO:
Business Support.*

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Application Form

Date

Type of space required: Craft Office

Name

Address

Telephone No.

Mobile No.

Email address

Can the mobile number provided be used as an emergency contact number?

Yes No

If 'No' please provide one

Company Name

Description of Business

Is the company part of a larger organisation? Yes No

If 'Yes' please provide details

Where should invoices be addressed?

Date occupancy required from

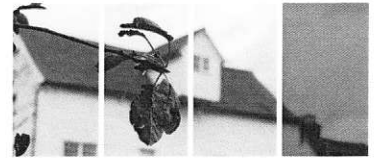
How many car parking permits are required?

Any special requirements?

Any other relevant information?

Please enclose a copy of your public liability insurance, and employers' liability insurance (where applicable)

NB Your application will be treated in confidence and we will contact you as soon as possible regarding your requirements.



Reference Consent

I hereby give permission to Moulsham Mill to approach the following to obtain references connected with my application for licensed space at Moulsham Mill.

1: Bank

Address

Account Name

Account Number

Sort Code

2: Business/Personal referee

Name

Address

Telephone No.

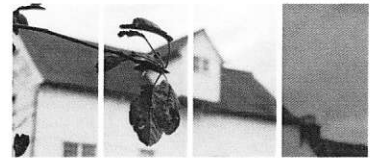
Signed

Date

Company/Organisation (if applicable)

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Bank Reference

PLEASE ONLY COMPLETE SECTIONS 1 AND 3

1. Date

Bank

Account Name

Address

Account Number

Sort Code

2. Dear Sirs,

Please provide your opinion concerning the ability of your customer to meet a financial commitment of £_____ each month.

Your administration fee of £_____ is enclosed/Please invoice

Yours sincerely,

Suzanne Saxon
Assistant Mill Manager

3. Consent

I/We (Print Name

authorise

Branch

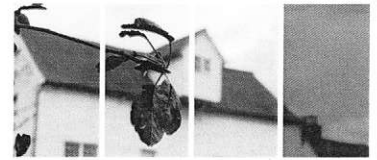
to provide a banker's opinion as stated above.

Signed

Date

Full Name

For and on behalf of



Additional Services/Information Required

Do you require:

A listing on the building directory? Yes No

If Yes, please specify how you would like your name displayed.

An entry on our website? Yes No

If Yes, please specify how you would like your name listed.

A link on our website? Yes No

If Yes, please specify address below.

Outside signage (subject to availability & additional cost)? Yes No

Additional Information

Please provide the names of any employees so we are able to direct visitors and post to the appropriate people.

Please provide any additional names that post may be addressed to so we can direct mail to your pigeon hole.
