

INFORMATION REQUIRED TO MAKE A PAYMENT FROM THE SMALL BUSINESS GRANT FUND OR RETAIL, HOSPITALITY AND LEISURE GRANT FUND.

Please return to businessrates.bournemouth@bcpcouncil.gov.uk or Town Hall, St Stephen's Road, Bournemouth, BH2 6DY.

Please complete **ALL** the information below:

Business Address

Current Rateable Value (£)

Business Name
(as registered with Companies House)

Business Rates Account Reference

Eligibility
(please tick where applicable)

Small Business Rate Relief Recipient	<input type="checkbox"/>
Rural Rate Relief Recipient	<input type="checkbox"/>
Expanded Retail Discount Scheme Recipient	<input type="checkbox"/>

Bank Details
(Your business account)

Account Name	<input type="text"/>
Sort Code	<input type="text"/>
Account Number	<input type="text"/>

VAT Registration Number
(as registered with HMRC)

Company Number
(as registered with Companies House)

Name of Applicant
(Title, Forename, Middle Name, Surname)

Position of Applicant

Date of Birth of Applicant

Contact Number

Email Address

Optional - If you have previously had any interaction with the Council, for example as a supplier, or a trade waste user, licence holder please provide details including any reference number and approximate dates. This information may be required to perform additional verification checks and will assist us in processing your grant payment in a timely manner.

DECLARATION - Please read this declaration carefully before you sign and date it.

- I was the ratepayer of the above business address on 11 March 2020 and was in occupation of the premises.
- I understand that if I give information that is incorrect or incomplete, you may take action against me and any business caught falsifying their records to gain additional grant money may face prosecution and any funding issued will be subject to claw back.
- I agree that you will use the information I have provided to process my grant payment from the Small Business Grant Fund or Retail, Hospitality and Leisure Grant Fund. You may check the information provided with other organisations as allowed by the law.
- I understand you are under a duty to protect the public funds you manage and may use the information I have provided on this form to prevent and detect fraud. You may also share this information, for the same purposes, with other bodies responsible for checking or managing public funds. These other bodies include government departments, other local authorities and organisations such as banks.
- I know that I must let you know in writing about any changes in my circumstances which might affect payment of this grant.
- The business will not exceed the State Aid De Minimis threshold by accepting this grant.
- I am authorised to sign this form.

Signature

Date