

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 is 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.
- 5) Up to two sets of keys can be issued as standard. If you require additional keys this may incur a charge. All lost keys must be reported to the Mill Management, any resulting costs will be borne by the licensee.

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: Mill Office.

Application Form

Date

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?

Please note any special requirements

Please note any other relevant information

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

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)

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 Moulsham Mill

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, and a contact number or email address if appropriate.

A link on our website? Yes No

If Yes, please specify address below.

A code for the photocopier? Yes No

Please confirm if you are happy for our cleaning contractors to enter your office:

Unsupervised if you are not in Only when you are present

Please note: If you do not wish to be disturbed during appointments bins can be left outside of your office, but other cleaning tasks will not be completed.

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 private post tray.
