



BUSINESS REGISTRATION FORM

Registered Business Name: _____

Registered Business Address: _____

Your Registered Business Name and Address are the same as the records held at Companies House.

*Please also specify the Trading Business Name and Address **if different** to the Registered Business Name and Address above.*

Trading Business Name: _____

Trading Business Address: _____

Company Registration Number: _____

(If applicable)

We confirm that the details on this form are full and correct and agree to notify ChamberCard of any changes. We apply to participate in The ChamberCard Service on the Terms and Conditions of the Trustis Subscriber Agreement, for and on behalf of, The Business named above.

Authorised Signatory 1

Print Name: _____ Job Title: _____

Signature: _____ Date: _____

Authorised Signatory 2

Print Name: _____ Job Title: _____

Signature: _____ Date: _____

You are now an Authorised Signatory for your Company's ChamberCard account.

Please note that we cannot make changes to your ChamberCard account without your written consent.

1. This form should be signed by the appropriate number of Authorised Signatories who have control over The Business. For example: a Limited Company would use two of the main directors as listed at Companies House, for Sole Traders only one signature is required for registration and will be responsible for your ChamberCard account.

2. Please fax this form to ChamberSign, for the attention of the ChamberCard Project Co-ordinator (02476 69 5844)

3. A copy of this form should be taken to the Chamber of Commerce with the ChamberCard User Registration forms

PLEASE KEEP A COPY OF THIS FORM FOR FUTURE REFERENCE