

THE FIRE SERVICES (GUERNSEY) LAW, 1989, as amended

MULTI OCCUPANCY BUILDINGS

1. Postal address of the premises to be registered:

	Post Code:

2. Name and address of the owner(s):

	Post Code:
Contact Telephone No.	
Email:	

3. Use of the premises e.g. flats/offices/commercial etc

Are plans/drawings available of all or part of the premises?	YES	NO
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4. Registration is required under Sub Section(s) _____ of the Law.
(See form R5 enclosed, to find relevant section e.g., 4(2)(b))

I hereby apply for registration in respect of the premises of which details are given above. I make the application as, or on behalf of, the occupier/owner of the premises.

Name: _____ (in block capitals)

Signature: _____ Date: _____

Please return to:- Fire Safety Department, Guernsey Fire & Rescue Service,
Town Arsenal, St Peter Port, Guernsey, GY1 1UW

Please be advised that there is a registration charge of £74.00, please complete the form on the reverse of this page in order to be invoiced.



Customer Number	1000
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New Account Application

Accounts Group:	Guernsey	HSC Patient No:	
Sales Division:	HM - Home Affairs	Company Code:	

Section A:

Surname:		Maiden Name:	
First Name/s:		Title:	
Middle Name/s:		Date of Birth:	
Address: (Including post code)			
Email Address:			
Home Tel No:		Work Tel No:	
Mobile No:			

Company: Limited or Trading as (If it is a Limited Company a personal name cannot be specified however, for a Trading as account a personal name must be provided) For Example: 'On the Rocks Limited' or 'Rocque Hudson trading as On the Rocks'

Company Name:			
Directors:	1	2	
Company Address: (Including Post Code)			
Main Tel No:		Company Reg No:	
Correspondence Address: (If different)			
Contact Email Address:			

Section C:

Requested by:		Date:	
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The HUB Office Use Only

Input By:		Date:	
Confirmed By:		Date:	
Requester Informed:		Date:	