

New Business Application Form

Registration of Business Names (Jersey) Law 1956

Jersey Financial
Services Commission

If you are applying for a business name as part of this application, the information provided in Sections 1 and 2 of this form will become a public record on the Jersey Financial Services Commission Companies Registry website. www.jerseyfsc.org/registry

Please refer to www.gov.je/startingabusiness for declarations, fair processing notice and data sharing agreement.

1. Details of the Business

a Are you applying for a business name?

(Tick as appropriate)

Yes

No

b Name under which the Business will be trading (subject to approval)

c The address for service and correspondence (address must be provided)

Postcode

d The principal place at which the business is carried on (operating address) if different from 1c above

Postcode

e Trading start date

D	D	M	M	Y	Y	Y	Y
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f Provide a **description of the nature** of the business to be carried out.

g TOTAL NUMBER OF APPLICANTS

All applicant details are to be completed overleaf

2. Details of 1st Applicant (only applicant if sole trader)

Title (Mr, Mrs, Ms, Miss, etc.)	<input type="text"/>
Surname	<input type="text"/>
Previous Surnames (if any)	<input type="text"/>
First Names	<input type="text"/>
Previous First Names (if any)	<input type="text"/>
Nationality	<input type="text"/>
Residential Address	<input type="text"/>
	Postcode
Other Business Occupation (if any)	<input type="text"/>

Only complete this section if Body Corporate, Limited Partnership or Limited Liability Partnership

Name of Body Corporate, Limited Partnership, or Limited Liability Partnership	<input type="text"/>
Registered Office Address	<input type="text"/>
	Postcode

2. Details of Additional Applicant (if applicable)

Title (Mr, Mrs, Ms, Miss, etc.)	<input type="text"/>
Surname	<input type="text"/>
Previous Surnames (if any)	<input type="text"/>
First Names	<input type="text"/>
Previous First Names (if any)	<input type="text"/>
Nationality	<input type="text"/>
Residential Address	<input type="text"/>
	Postcode
Other Business Occupation (if any)	<input type="text"/>

Only complete this section if Body Corporate, Limited Partnership or Limited Liability Partnership

Name of Body Corporate, Limited Partnership, or Limited Liability Partnership	<input type="text"/>
Registered Office Address	<input type="text"/>
	Postcode

If more than 4 applicants, please print another copy of this page and add it to the application.

2. Details of Additional Applicant (if applicable)

Title (Mr, Mrs, Ms, Miss, etc.)	<input type="text"/>
Surname	<input type="text"/>
Previous Surnames (if any)	<input type="text"/>
First Names	<input type="text"/>
Previous First Names (if any)	<input type="text"/>
Nationality	<input type="text"/>
Residential Address	<input type="text"/>
	Postcode
Other Business Occupation (if any)	<input type="text"/>

Only complete this section if Body Corporate, Limited Partnership or Limited Liability Partnership

Name of Body Corporate, Limited Partnership, or Limited Liability Partnership	<input type="text"/>
Registered Office Address	<input type="text"/>
	Postcode

2. Details of Additional Applicant (if applicable)

Title (Mr, Mrs, Ms, Miss, etc.)	<input type="text"/>
Surname	<input type="text"/>
Previous Surnames (if any)	<input type="text"/>
First Names	<input type="text"/>
Previous First Names (if any)	<input type="text"/>
Nationality	<input type="text"/>
Residential Address	<input type="text"/>
	Postcode
Other Business Occupation (if any)	<input type="text"/>

Only complete this section if Body Corporate, Limited Partnership or Limited Liability Partnership

Name of Body Corporate, Limited Partnership, or Limited Liability Partnership	<input type="text"/>
Registered Office Address	<input type="text"/>
	Postcode

3. Further details of Applicants

Note: Information provided in sections 1 and 2 will be made available on the public register at the Jersey Financial Services Commission, if you are applying for a business name.

Information provided under section 3 to 8 will not be publicly available.

For Individuals, please complete sections 3.a to 3.k below. For Body Corporates, Limited Partnerships or Limited Liability Partnerships, please complete sections 3.f to 3.k

*For information on Residential Statuses, please refer to the application form guidelines (section 3).

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
3.a Social Security Number				
3.b Date of Birth				
3.c Residential Status*				
3.d Income Tax Reference				
3.e Marital Status				
3.f Telephone Number				
3.g Email Address				

I/we declare that this document is complete and accurate in all respects (must be signed by ALL applicants)

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
3.h Signature				
3.i Date				
3.j Capacity				
3.k If signed on behalf of the applicant, tick to confirm an Affidavit attached				

If more than 4 applicants, please complete additional sheets and attach them to this form.

4. Complete this section if you are applying for a Business Name

If you are applying for a Business Name, there is a fee of £30.00 required. The Jersey Financial Services Commission will contact you regarding payment before registering the name.

Name of person to contact for payment

Method of contact (Tick as appropriate) Telephone Email

Provide email address or phone number

5. Details of all individuals to be employed or engaged by the business

Number of Staff to be employed or engaged in Jersey	Entitled	Licensed	Entitled to Work Only	Registered
(a) Applicants (Sole trader / Partners)				
(b) Permanent Employees				
(c) Non-Permanent Seasonal Employees				
(d) Non-Permanent Contract Employees				

Number of employees working less than 8 hrs per week Date you intend to start employing staff

D	D	M	M	Y	Y	Y	Y
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Total number of employees to be engaged

Non-Permanent Staff - Please define the periods, in months, with regard to any seasonal or contract staff - please use the 'Additional Information' section on Page 6 of this application form.

Registered & Licenced Staff - Evidence of efforts made by the undertaking to recruit 'Entitled' or 'Entitled for Work Only' employees, (copies of advertisements) together with the details of the number of candidates that came forward, their residential status, their suitability and the results of those interviewed will be required.

Licenced Staff - A business plan, to include details of the total remuneration package, is required to support an application form for Licenced Staff. Please also enclose a job description and C.V., after permission sought.

Failure to enclose the above evidence and documentation requested, will delay the application process

6. Manpower Return

Sole Trader / Partners will be required to complete a Manpower Return every 6 months. Please provide the email address to where you would like the return to be sent?

E-mail Address

7. Payroll Details (if employing staff)

Payroll Contact Name

Payroll Email

Payroll Phone Number

Payroll Address

Postcode

How would you prefer to complete your ITIS return?

(Tick as appropriate)

Online via gov.je

Own Payroll Software

Paper

8. Agency or Franchise Agreements

Will the business have any Agency or Franchise agreement that involve a link, financial, direct or indirect, with any non-resident person(s) or business(es)?

YES NO If 'YES' Please provide details of the relationship on the Additional Information sheet

The Control of Housing and Work (Jersey) Law, 2012; The policy of the Minister and any licence condition(s) that may be applied, overrules any provisions / clauses of any Agency / Franchise Agreement and that no part of an agreement could be invoked which causes the business to breach that Law. Thereby, Franchisors and Franchisees are hereby notified that there may be certain provisions/clauses of any agreement **that could not be invoked without prior permission of the Minister**, notwithstanding the terms of the Agency / Franchise Agreement.

Such provisions / clauses that may not be invoked without prior permission of the Minister typically relate to the transfer in the ownership of the business and to the engagement of staff.

In signing the application, the applicant(s) declare(s) that the Agency / Franchisor has been duly notified that there may be certain provisions / clauses of any agreement **that could not be invoked without prior permission of the Minister**.

Once you have completed and signed this application form

You must either email, post, or hand deliver the application to:

**Business Licensing Team (Population Office)
Philip Le Feuvre House
La Motte Street
St Helier
JE4 8PE**

@Email: businesslicensing@gov.je

Additional Information for sections 6 and/or 9