

# Ballymena Business Centre

## PERSONAL DETAILS:

[Please complete Personal Details for All Company Directors]

Title	
Full Name	
Home Address	
Post Code	
Telephone	
Fax	
Mobile	
Email	

Have you been at this address for less than 3 years? YES  NO

If you have been at this address for less than 3 years, please give details of previous addresses below, a credit check will be conducted for all property applicants:

Previous Address	Duration / Date At This Address
Previous Address	Duration / Date At This Address

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_. National Insurance Number: \_\_\_\_\_

**BUSINESS DETAILS:**

Business Name	
Business Address	
Post Code	
Business Telephone	
Business Fax	
Business Mobile	
Business Email	
Business Web	

**Business Status:**

Sole Trader	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Co-operative	<input type="checkbox"/>

Number of Business Partners [if applicable]:

Partnership Number:

Company Registration Number [if applicable]:

VAT Registration Number [if applicable]:

How long has your business been trading:

Less than 1 year	<input type="checkbox"/>	3 years – 4 years	<input type="checkbox"/>
1 year – 2 years	<input type="checkbox"/>	4 years – 5 years	<input type="checkbox"/>
2 years – 3 years	<input type="checkbox"/>	More than 5 years	<input type="checkbox"/>

Actual or Projected Annual Turnover:

Less £50k	<input type="checkbox"/>	£50k to £100k	<input type="checkbox"/>	£100k plus	<input type="checkbox"/>
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**Market Sector:** [please tick]

Food	<input type="checkbox"/>	Engineering	<input type="checkbox"/>	Wholesale	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>	Textiles	<input type="checkbox"/>	Distribution	<input type="checkbox"/>
Knowledge Based	<input type="checkbox"/>	Retail	<input type="checkbox"/>	Other	<input type="checkbox"/>
General Services	<input type="checkbox"/>	Agricultural	<input type="checkbox"/>		<input type="checkbox"/>

Is your business part of a larger group?

Yes  No

If Yes please provide address of the main office

Describe Your Business Activity including Product / Service details and marketplace i.e. local, regional or export markets

**Current Number of Employees by Category:**

Male F/T	Female F/T	Male P/T	Female P/T
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Potential Job Creation over next 2 years:**

Male F/T	Female F/T	Male P/T	Female P/T
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Workspace Location**

Please indicate the workspace location you wish to be considered for...

Galgorm	Town Centre	Ballykeel	Ballee	<del>Cullybackey</del>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**References:**

You are required to provide contact details for 2 business references. This should be e.g. supplier, customer, accountant or solicitor.

Name	
Address	
Post Code	
Telephone	
Fax	

Name	
Address	
Post Code	
Telephone	
Fax	

**Declaration:**

I understand that all the information provided in this application is correct and will be used by Ballymena Business Centre to assess my suitability for rental of workspace managed by the Centre.

I understand and give permission for Ballymena Business Centre to conduct appropriate credit checks and obtain references from the contact details provided.

I understand that this is not a legally binding document and does not entitle me to rental of workspace managed by Ballymena Business Centre.

**Data Protection**

I understand that this information may be shared with project funders for monitoring and evaluation purposes.

I understand that I am entitled to a copy of my personal data held as provided for under the Data Protection Act.

**Equal Opportunities**

Ballymena Business Centre Ltd is an Equal Opportunities organisation and promotes equality of opportunity for all and respects the principles laid down by Section 75.

**I / we confirm our agreement to the statements herein contained under the declaration, data protection and equal opportunities sections.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Business Name: \_\_\_\_\_

Date of Declaration: \_\_\_\_\_

Application Form should be submitted to:

Melanie Christie Boyle, Chief Executive, Ballymena Business Centre, 62 Fenaghy Road, Ballymena, BT42 1FL.