



Name .....

Address .....

.....

.....

..... Postcode .....

Reference Number .....

Property Number .....

Issue Date .....

Return By Date .....

## Business Rates Change of Ratepayer

The information provided by you on this form will be used to calculate any charge you will be due to pay on your Business Rates premises. Please complete this form in full, using black ink.

Should you require help in completing this form, or require further information on any Business Rates matter, please contact a member of the Business Rates team:

**In Person (by visiting):** Grampian House, 88 Commerce Street, Fraserburgh, AB43 9LP  
**By Telephone** - 01346 519622, or  
**By email:** [business.rates@aberdeenshire.gov.uk](mailto:business.rates@aberdeenshire.gov.uk)

Details of Business Rates Premises

.....

..... Postcode.....

Name of outgoing Ratepayer.....

Address for future correspondence.....

..... Postcode.....

Are **you** the (please tick as appropriate)

Outgoing Owner                       Outgoing Tenant                       Outgoing Occupier

Exact date premises were sold or lease ended.....

Exact date you ceased trading at these premises.....

If the above dates differ and the premises were empty, please indicate reason.....

.....

If the premises were leased, please provide the following details:

Landlord name..... Landlord telephone number.....

Landlord address.....

.....Postcode.....

**If you are an incoming Owner/Occupier/Tenant please see overleaf.**

Are **you** the (please tick as appropriate)

Incoming Owner

Incoming Tenant

Incoming Occupier

Exact date you purchased or leased the premises.....

Exact date you started trading from these premises.....

If the above dates differ and the premises were empty, please indicate reason.....

**Note:** If you are a tenant or occupier, a copy of the lease **must** be provided.

Landlord name..... Landlord telephone number.....

Landlord address.....

..... Postcode.....

Name of incoming Ratepayer.....

Address for correspondence (if different from premises address).....

..... Postcode.....

Your trading name (in full).....

Are you a (please tick as appropriate)

Limited company

Company registration number.....

Partnership

Full name of partner/s.....

Sole trader

Name of trader.....

Charity

Registered charity number.....

### DECLARATION BY APPLICANT

I declare that the information I have given on this form is correct and complete to the best of my knowledge. I will undertake to inform the Council of any change in my circumstances as soon as the change occurs. I authorise the Council to make any necessary enquiries to verify the information given on this form.

Signature ..... Date .....

Print Name ..... Telephone No.....

Email ..... Mobile No. ....

**Any information you provide will be used and retained on computer by Aberdeenshire Council, for the purpose of the Administration, Collection and Recovery of Business Rates. It may also be shared with other public bodies and organisations, for example, HM Revenues & Customs, other Local Authorities, Scottish Water etc in accordance with the Data Protection Act 1998 and Aberdeenshire Council's entry on the Data Protection Register.**

**Please return this form to your Business Rates Office:**

Aberdeenshire Council, PO Box 18533, Inverurie, AB51 5WX.