

Form 2e**Application for a duplicate business licence**

Please read the guidance notes and complete in block letters. Return a copy of the completed form to the Office of Fair Trading.

1. Applicant details

Full name of applicant (*individual or company name*)

Business name (if any):

Address of premises in Gibraltar from which business is carried on:

Postal address (if different to above):

Email address:

Contact number:

2. Confirmations:

By completing this form, you are confirming that:

1. Your original licence was lost, destroyed or defaced; and
2. Your original licence has not expired.

3. Date and signature

Signature of Applicant:

Dated:

<input type="text"/>	<input type="text"/>	20
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