

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

Title (Mr, Mrs, Ms, Miss, etc.)	<input type="text"/>
Surname	<input type="text"/>
Previous Surname(s)	<input type="text"/>
First Names	<input type="text"/>
Previous First Names	<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 Surname(s)	<input type="text"/>
First Names	<input type="text"/>
Previous First Names	<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 Surname(s)	<input type="text"/>
First Names	<input type="text"/>
Previous First Names	<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 Surname(s)	<input type="text"/>
First Names	<input type="text"/>
Previous First Names	<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 in sections 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 (section 3.c), please refer to the application form guidelines.

	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 £55.00 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) Seasonal Employees				
(d) 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
---	---	---	---	---	---	---	---

Total number of employees to be engaged

If requesting Registered and / or Licensed staff please include a business case / overview outlining why the permission (s) is / are required, to include:

- Evidence of efforts to try and recruit Entitled / Entitled for Work staff (where have you advertised?)
- Outcome of advertising
- Business Plan (if applicable)
- Financial contribution to the Island
- Details of succession planning and how you are currently training existing Entitled / Entitled for Work employees to fill the position(s) you are requesting a permission for

Normal Policy is not to permit the engagement of individuals that are not Entitled or Entitled for Work Only

6. Manpower Return

Sole Trader / Partnership 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 and any conditions of a Business Licence or guidance issued by the Minister will overrule provisions / clauses of an agency / franchise agreement which if invoked would result in a breach of the said Law, unless prior permission of the Minister is obtained.

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.**

