



www.imbookkeeping.co.uk

I M Bookkeeping Ltd

Company number: 08631599

TEL.: 01772367053

email: info@imbookkeeping.co.uk

Company Order form

Company Name:

Registered Office Address

Care of Name

Po Box No

Country

Postcode

Building Name/No

Address Line 1

Address Line 2

Post Town

County/Region/

NATURE OF BUSINESS

yes Please tick here if you want to use I M Bookkeeping registered office service no

Position of

Director

Appointee:

Subscriber/Shareholder

Secretary

Details of Director/Secretary/Subscriber:

No of shares to be issued to Subscriber:		
Title of Appointee:	Full Name of Appointee:	
Nationality:	Occupation:	Date of Birth:
Appointee's Residential Address:		
Town:	County:	
Country:	Postcode:	
Phone no:	E-mail:	Skype:
NINO:	Marital Status:	Children under 18:

Appointee's Service Address:



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This is the address which will be displayed on Companies House record.-If your service address will be same with your residential address please tick here and leave the section below blank.

Appointee's Services Address: <input type="text"/>	
Town: <input type="text"/>	County: <input type="text"/>
Ország: <input type="text"/>	Postcode: <input type="text"/>

Authorisation of Appointee: Please answer 3 of the following questions:

First 3 Letters of Town of Birth: <input type="text"/>	<input type="text"/>	First 3 Letters of Mothers Maiden Name: <input type="text"/>	<input type="text"/>
Last 3 Digits of Telephone Number: <input type="text"/>	<input type="text"/>	First 3 Letters of Fathers First Forename: <input type="text"/>	<input type="text"/>
Last 3 Characters of NI Number: <input type="text"/>	<input type="text"/>	Last 3 Digits of Passport Number: <input type="text"/>	<input type="text"/>
First 3 Letters of Eye Colour: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Position of Appointee Director Subscriber/Shareholder Secretary

Az igazgató/tulajdonos/részvényjegyző adatai:

No of shares to be issued to Subscriber: <input type="text"/>		
Title of Appointee: <input type="text"/>	Full Name of Appointee: <input type="text"/>	
Nationality: <input type="text"/>	Occupation: <input type="text"/>	Date of Birth: <input type="text"/>
Appointee's Residential Address: <input type="text"/>		
Town: <input type="text"/>	County: <input type="text"/>	
Country: <input type="text"/>	Postcode: <input type="text"/>	
Phone no: <input type="text"/>	E-mail: <input type="text"/>	Skype: <input type="text"/>
NINO: <input type="text"/>	Marital Status: <input type="text"/>	Children under 18 <input type="text"/>

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Last 3 Characters of NI Number:	<input type="text"/>	Last 3 Digits of Passport Number:	<input type="text"/>
First 3 Letters of Eye Colour:	<input type="text"/>		

Other Requested: please write here if you want to add more than two shareholders, subscriber or director. Also please inform us here if you want to use I M Bookkeeping Appointees Officer Services:

Please send your completed form to info@imbookkeeping.co.uk
If you have any queries please call us on +441772367053 or Skype: *i.m.bookkeeping*
Also please provide a copy of passport and proof of address for each shareholders and directors.

SEND