

ISLE OF MAN OFFICE OF FAIR TRADING

NON-RESIDENT TRADERS ACT 1983 SECTION 1

APPLICATION FOR A LICENCE

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NON-RESIDENT TRADER

Email: iomfairtrading@gov.im DETAILS 1 Name: (if a partnership or sole trader give full names of each individual) 2a If a partnership or sole trader give the date and place of birth and the current address of each individual: Current address: Postcode: DOB: (DD/MM/YYYY) Place of Birth: Current address: Postcode: Place of Birth: DOB: (DD/MM/YYYY) 2b If a body corporate, list names, date and place of birth and current address of the Company Secretary and Directors: Company Secretary Name: Current address: Postcode: DOB: (DD/MM/YYYY Place of Birth: Company Directors Name: (add additional directors to a separate sheet) Current address: Postcode: Place of Birth: DOB: (DD/MM/YYYY) **3** If the applicant is themselves a body corporate please supply: Registered Office Address: Postcode: **4a** Give the full address(es) of all the applicant's places of business outside the Isle of Man: Address: Postcode: Address: Postcode: **4b** How long have you operated from the above address(es): 4c Describe the type of business carried on from the above address(es): (e.g. import, wholesale, retail etc.) 5 Name, date, address and place of birth of any person not already mentioned who can direct or influence the way in which the business is run: Current address: Postcode: Place of Birth: DOB: (DD/MM/YYYY Current address: Postcode: Place of Birth: DOB: (DD/MM/YYYY)

| DETAILS contd. |
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| 6 If any of the persons named on this form have changed their names by deed poll, marriage or other means or have used other names, give full details: |
| Title: |
| Full previous name: |
| Full Current name: |
| COMPANY OPERATION |
| 7a Give details of the UK Consumer Credit Licence previously or presently held by any person named on this application: |
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| The Civil datails if any payers mantisped on this form has a yet been refused a license under the LIV Consumer Credit |
| 7b Give details if any person mentioned on this form has ever been refused a licence under the UK Consumer Credit Act or had a licence cancelld or withdrawn: |
| Full name: |
| Full name: |
| 8 Has the applicant or, to your knowledge, anyone else named on this form: been convicted of any offence involving fraud or other dishonesty or violence in any part of the British Isles or the Republic of Ireland within the last 10 years, |
| been convicted under any consumer protection legislation such as the Trade Descriptions Act, Consumer Protection Act or Price Marking Act or under orders or regulations made under those Acts? |
| YES / NO (If yes please give full details) |
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| BUSINESS DETAILS | | | |
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| 9 | Name under which the business is to be carried on in the Isle of Man (if different from than given in Question 1): | | |
| 10a | Full address of the applicant's intended place of business in the Isle of Man if using fixed premises: | | |
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| | Postcode: Add additional addresses to a separate sheet if necessary. | | |
| b | Period for which licence is required: | | |
| С | Hours during which business will be conducted: | | |
| d | Full name and permanent address of the "authorised representative" who has responsibility for the activities of the applicant whilst trading on the Isle of Man. This must be authorised to speak on behalf of the applicant and to receive documents: Name: | | |
| | | | |
| | Postcode: | | |
| е | Place at which authorised representative will be temporarily resident during licenced period: | | |
| | | | |
| | | | |
| | Postcode: | | |
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| TRA | ADING DETAILS Please provide full details of the type of goods to be offered for sale: (use a separate sheet in necessary) | | |
| ** | Please provide full details of the type of goods to be offered for sale: (use a separate sheet in necessary) | | |
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| 12 | In the case of electrical goods please provide details of the method arranged for the service or repair of such items under warranty: (i.e. local repair agent) | | |
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| 13 | Please state the full name(s) and address(es) of any other person(s) not already named on this form who will be employed by the applicant on the Isle of Man: | | |
| | Name: | | |
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| | Postcode: Add additional addresses to a separate sheet if necessary. | | |
| 14 | Has the applicant or anyone else named on this application previously traded in the Isle of Man: (if so please give details) | | |
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| 15 | Please provide your Value Added Tax number: | | |
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| PAYMENT | | | |
|---|---|--|--|
| Payment is submitted in the following form: | | | |
| Cheque | (made payable to "Isle of Man Government") | | |
| Card payment | (this can be arranged at our public counter or call (01624) 686500 to make a payment over the phone) | | |
| BACS: | Bank: Isle of Man Bank Sort Code: 55-91-00 Account Number: 12545384 Account Name: IOM GOV DEP OF ENVI Please quote "OFTNRT" and your surname as the reference | | |

PERSONAL DATA

- 1 The Office of Fair Trading is a controller for the purposes of the 2018 Data Protection Legislation and requires the information on this form to comply with its legal obligations under The Non Resident Traders Act 1983. Your personal information will be held by the OFT for the purposes of processing this application.
- **2** Some of the information you provide, will be included in a publicised list.
- **3** Details of how and why the OFT processes your personal information are contained in our privacy policy, found here: https://www.gov.im/oft
- 4 The Data Protection Officer can be contacted on (01624) 686781 or by email at DPO-OFT@gov.im

| DECLARATION | | | | |
|--|------------|--|--|--|
| I hereby declare that the above stated particulars are correct in all aspects: | | | | |
| Signed: | Date: / | | | |
| Email: | Telephone: | | | |

Please send completed forms to the Office of Fair Trading at the address on the first page.

For information on accessing a Government publication in an alternative format, please contact: equality@gov.im

NOTES

- 1 This form when completed should be returned to the address on the front cover.
- 2 Please include a copy of your current public liability insurance certificate to cover the period of the licence.
- 3 Please provide a copy of any advertisement likely to be published in connection with the proposed sale
- **4** The application will not be processed until receipt of payment.
- **5** Under the Non-Resident Traders (Licence Fees) Regulations 2015, the fee payable for a licence is £2,310 for the first three days trading, and £350 for each succeeding consecutive day; OR
- **6 £470** for the period for which the licence is valid in a case where the Office is satisfied that the non-resident trader is providing goods directly connected with an event certified by the Department of Economic Development to be an event calculated to assist the tourist industry.