



Form BL3

Application for a Duplicate Business Licence

- 1) Complete all sections;
- 2) Sign the form; and
- 3) Submit the form with all the supporting documentation to the OFT.

1. Person submitting the application:

Who is making this application? (Please tick)

- The applicant
- Another person acting on behalf of an applicant - please complete the information below:

Your name: _____

Business (if any): _____

E-mail address: _____

Contact number: _____

Relationship to the business: _____

2. Declaration:

Please specify the reason for this application. (Please tick):

- The licence has been lost or destroyed.
- The licence has been defaced.

Where the licence is defaced the licence holder must surrender the existing licence to the OFT which shall issue a new one in its place.

3. Confirmations:

By submitting this form I hereby confirm that:

1. The information and documentation provided with this application have been submitted by, or on behalf of, the applicant and have not been submitted upon reliance of any guidance that may have been provided by the OFT.
 2. The details provided with this application are correct and not misleading;
 3. The applicant intends to carry out this application;
 4. Neither the applicant, nor the partner of the applicant:
 - a. has entered into a scheme of arrangement with their creditors which is still binding (corporate applicants only);
 - b. is an undischarged bankrupt; and/or
 - c. has been convicted of an offence under the Insolvency Act within the past five years.
- Compulsory (please tick) - The applicant, and any person submitting this form on behalf of the applicant, hereby confirm that they consent to the disclosure of the information contained in this form and submitted with this application by the OFT to carry out any of its functions pursuant to the Fair Trading Act 2023 and the Proceeds of Crime Act 2015.



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GIBRALTAR

4. Signature: (compulsory)

Please insert date: _____

This part may be signed by:

- 1. the applicant(s) (complete signature block 1)
- 2. the person making this application on behalf of the applicant (complete signature block 2)

1) Signature of applicant(s):

Applicant 1: _____ Applicant 2 (if applicable): _____

Name in capitals: _____ Name in capitals: _____

2) Signature of the person making this application on behalf of the applicant:

Signature: _____

Name in capitals: _____

Business (if any): _____

By signing this application form I hereby confirm that I have the authority of the applicant(s) to submit this application form on their behalf.