

NON DOMESTIC RATES SMALL BUSINESS BONUS SCHEME APPLICATION



LIABLE PARTY:

ACCOUNT NUMBER

THE PROPERTY

LIABLE PARTY:

PRN:

ADDRESS:

RV:

The claim you are making is in respect of the property detailed opposite.

OTHER PROPERTIES

Please state details of any other commercial property/properties on which you, or any persons detailed above has a rates liability anywhere in Scotland. **If there are no properties please state "NONE"**. Please enclose a copy of the Rates bill for these other properties with this claim. (Please continue on a separate sheet if required).

ADDRESS OF PROPERTY	RATES REFERENCE	RATEABLE VALUE

DECLARATION

I declare that to the best of my knowledge the information given is true and complete. I understand that Scottish Borders Council may undertake such enquiries it considers appropriate to verify this claim. I undertake to advise the Council of any change of circumstances including the occupation/vacation of any other property I may occupy in Scotland which may affect liability for Non Domestic Rates relief.

Your Signature

Date

Name

Tel No

Address for
Correspondence

When completed, this form should be returned to

**Scottish Borders Council
Customer Advice & Support Service
Council Headquarters
Newtown St. Boswells
Melrose TD6 0SA**

For Official Use

Act By

Date