

# Application to open a JT Business Account

Please complete this form in full using BLOCK CAPITAL LETTERS in black or blue ink. A copy of the a certificate of registration is required with this form and you will need to complete a specific Service form with this application.



## Limited Company or Partnership details

Account number

Guernsey  Jersey 

Company name					
Registration number	Date of incorporation		DD	MM	YY
Authorised signatory (name)	Contact telephone number				
Position held	Contact mobile number				
Email address					
Authorised signatory (name)	Contact telephone number				
Position held	Contact mobile number				
Email address					

## Billing details (the address you would like us to send your bills to)

Billing address	
	Postcode

If you (personal or limited company applicant) have been at the above address for less than three years, please give previous address

Previous address	
	Postcode

## Payment option

<input type="checkbox"/>	I would like to pay by Direct Debit and have completed a 'Direct Debit Form', which I am returning with this application, authorising JT to debit the full amount billed to me monthly from my bank account.
--------------------------	--

## Billing options (Tick preferred option)

<input type="checkbox"/>	Paper bill by post	<input type="checkbox"/>	Paperless bill by email	<input type="checkbox"/>	Email address
--------------------------	--------------------	--------------------------	-------------------------	--------------------------	---------------

**Important Information:** to provide services to you, we need to handle personal information about you and this will be processed in accordance with the applicable Data Protection laws in the jurisdiction. By completing this form you are consenting to us using this information to provide you with service(s). We will also use your personal information to keep you updated with news about our products and services and run credit checks where necessary. We may share your information within the JT Group of companies and they may send you details of other goods and services which may be of interest to you. If you do not wish to receive marketing communications, please tick this box . You have a right to ask for a copy of the information held about you in our records, for which you may be charged a small fee. If you require us to correct any inaccuracies please email [customerservices@jtglobal.com](mailto:customerservices@jtglobal.com)

## Signature

I/We are at least 18 years of age and make this application having understood all applicable Conditions and service charges concerning this contract. I/We understand and agree that I/we will be responsible for all charges as applicable including any Minimum Contract Period charges.

Signed		Position held			
Please print name		Date	DD	MM	YY

Please Note:

Applications should be accompanied by Photocopy of Certificate of Incorporation; Photocopy of Register of Directors; and a brief summary of the company.

Applications by Partnership should be signed by a partner 'for and on behalf of' the Partnership.

Applications by Limited Companies should be signed by an authorised signatory 'for and on behalf of' the Company.

T **Jersey:** +44 (0) 1534 882 345  
**Guernsey:** +44 (0) 1481 882 345  
**UK/International:** +44 (0) 1534 882882  
 E [business.solutions@jtglobal.com](mailto:business.solutions@jtglobal.com)  
 W [www.jtglobal.com/security](http://www.jtglobal.com/security)