**LIMITED COMPANY FORM FOR CONTRACTORS** 

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| **Section A – Personal Information Director 1** |
| Your Full Name: |  |
| Address: |  |
| Date of Birth: |  / / | Gender: F □ M □ |
| Marital Status: | Married Y □ N □  | Spouse Income if Yes € |
| Nationality: |  | PPS Number: |
| Contact Phone Numbers: | Mobile: | Work: |
| Email Address: |  |
| Details of Other Directorships: | Company Name(s)  | Company Number(s) |
| How did you hear about OSK? | Agency / Company □ Friend □ Web □Other (please specify):Name of referrer: |
| **Section A - Personal Information Director 2** |
| Your Full Name: |  |
| Date of Birth: |  / / | Gender: F □ M □ |
| Marital Status: | Married Y □ N □  | Spouse Income if Yes € |
| Address: |  |
| Contact Phone Numbers: | Mobile: | Work: |
| Email Address: |  |
| Details of Other Directorships: | Company Name(s)  | Company Number(s) |
| How did you hear about OSK? | Agency / Company □ Friend □ Web □Other (please specify):Name of referrer: |
| **Section B - Limited Company Details:** |
| Company Name (1st choice):  |  |
| Company Name (2nd Choice): |  |
| (Please provide two names incase your first choice is not available) |
| Registered Address (can be same as home address) |
| Trading Address (can be same as home address) |
| **Section C - Shareholders - Please confirm if you will own 100% of the shares. If not please provide details of other shareholders** |
| Ownership of 100% of Shares - tick |  |
| Shareholder 1:Name: |  |
| Address: |  |
| % Shareholding |  |
| Shareholder 2:Name: |  |
| Address: |  |
| % Shareholding |  |