

Selective Landlord Licensing Scheme London Borough of Tower Hamlets

Other Interested Parties

Address of property:

Please indicate the total number of other people/organisations who have an interest in the property

Please use additional copies of this form if required (clearly label the uploads i.e. Other Interested Parties 1 of 3)

If an organisation details are provided, registered company details should be entered if the company is Limited, is a Limited Liability Partnership, is a Charitable Company or is a Charitable incorporated organisation

| Other Interested Parties 1 | |
|---|--|
| Interest in property to be licensed: | |
| Individual/Organisation Name | |
| Company number if applicable | |
| Address | |
| House Name/Flat Number | |
| House Number | |
| Street | |
| Town | |
| Postcode | |
| Email Address | |
| Telephone Number | |

| Other Interested Parties 2 | |
|---|--|
| Interest in property to be licensed: | |
| Individual/Organisation Name | |
| Company number if applicable | |
| Address | |
| House Name/Flat Number | |
| House Number | |
| Street | |
| Town | |
| Postcode | |
| Email Address | |
| Telephone Number | |

| | |
|---|--|
| Other Interested Parties 3 | |
| Interest in property to be licensed: | |
| Individual/Organisation Name | |
| Company number if applicable | |
| Address | |
| House Name/Flat Number | |
| House Number | |
| Street | |
| Town | |
| Postcode | |
| Email Address | |
| Telephone Number | |

| | |
|---|--|
| Other Interested Parties 4 | |
| Interest in property to be licensed: | |
| Individual/Organisation Name | |
| Company number if applicable | |
| Address | |
| House Name/Flat Number | |
| House Number | |
| Street | |
| Town | |
| Postcode | |
| Email Address | |
| Telephone Number | |

| | |
|---|--|
| Other Interested Parties 5 | |
| Interest in property to be licensed: | |
| Individual/Organisation Name | |
| Company number if applicable | |
| Address | |
| House Name/Flat Number | |
| House Number | |
| Street | |
| Town | |
| Postcode | |
| Email Address | |
| Telephone Number | |