



## REGISTRATION FORM

### Company Details

Company Name: .....

Description of Business Activity: .....

.....

### Contact Details

(If applying on behalf of a company, contact person must be a legal representative or director of the company)

Name: .....

Address: .....

Email Address: .....

Mobile Telephone: ..... Home Address: .....

.....

### Service Required

Serviced Office

Virtual Office – Bronze\*

Virtual Office – Silver\*

Virtual Office – Gold\*

\*See rate card for details

Duration..... Start Date.....

Projected number of users of office space.....

### Signage

As a Serviced/Virtual Office client you have the opportunity to have your company name displayed on the signage of Workspace.

Please tick if you would like your company name to be displayed and Reception will contact you for further details.



**Mail Handling Procedures**

Please hold my mail at reception for my collection.  
Please list the names of those authorized to collect your mail from reception:

.....  
.....

Please courier my mail to the address below.\*

.....

**Fax Receipt and Forwarding**

I would like to use the Workspace fax machine for receiving faxes.\*  
Please ensure that all incoming faxes for your company are clearly labeled with your company name.

Please hold my mail at reception for my collection.  
Please list the names of those authorized to collect your mail from reception:

.....

Please forward any received faxes to me at this number\*: .....

Please hold my faxes at reception for collection.

**Call Handling Procedures**

Our reception team will answer your calls in your company name and will explain that the person requested is unavailable at the present time and offer to take a message. This message will then be immediately relayed to you by your chosen option.

**Message Relay**

Please indicate which method of message relay you would like us to use:

Email

Please note below the name and email address for the message to be sent to:

Name: ..... email: .....

SMS Text Message

Please note below the name and mobile number for the message to be sent to:

Name: ..... Mobile Number: .....





I confirm that I have been issued with and read the Workspace terms & conditions of use and agree to abide by these:

Signed: .....

Print: .....

Date: .....

Please note that when submitting your application we request the following as proof identification or incorporation.

- An original form of photo identification (Passport, Driving License or National Identity Card)
- Company registration documents
- Certificate of Incorporation if applying under a company name
- Reference from your bankers
- Reference from your previous landlord
- Utility Bill

**For Office Use Only**

Agent Name:.....

Approved By:.....

Signed: ..... Date: .....

