



GIBRALTAR REGULATORY
AUTHORITY

Application Form Dealers' Licence

APPLICANT DETAILS

Name of organisation

Contact Name *Title* *Forenames* *Surname*

Address

Tel:

Fax:

Email:

Trading as

Type of business

Address

Tel:

Fax:

A Trade Licence has been (tick as applicable)

Applied for Granted Trade Licence Number (if applicable)

Annual licence fee: £100

DECLARATION

I certify that the information I have given is correct to the best of my knowledge.

Signed _____ Date _____

Name _____

Please return the completed form to:

Gibraltar Regulatory Authority
2nd Floor, Eurotowers 4
1 Europort Road
Gibraltar

Fax: +350 20072166 email: licensing@gra.gi