

Change of Name Agreement Form

Original / Previous Company Name: (including LLP, Ltd. etc.)	
New Company Name / Legal Entity: (including LLP, Ltd. etc.)	
Registered Company Address:	
Trading Address: (if different from above)	
Company Registration Number: (if applicable)	
VAT Number: (if applicable)	
Date of Effect:	

I confirm the change of name detailed above has taken place and that we wish to continue our contract with PracticeWEB in accordance with PracticeWEB's standard Terms and Conditions which we have signed as part of the Change of Name agreement:

Name:	
Signature:	
Position at company:	
Date:	

Please print, sign, scan and return to us at clientservices@practiceweb.co.uk or fax to 0117 9159630