

Calderdale Registration Service

Ceremony Coordinator
The Register Office
Spring Hall
Huddersfield Road
Halifax
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**APPLICATION FOR TRANSFER OF APPROVAL OF
PREMISES FOR THE SOLEMNIZATION OF MARRIAGES
AND FORMATION OF CIVIL PARTNERSHIPS
S26(1)(bb) Marriage Act 1949 /
S6 (3A)(a) Civil Partnership Act 2004**

DATA PROTECTION ACT 2018

Calderdale Metropolitan Borough Council requires this information in order to process your application for a licence. The Council is under a duty to protect the public funds it administers and may use the information you have provided within the Authority for the prevention and detection of fraud. From time to time, as prescribed by Law, we will share your information with other Government Departments such as the Inland Revenue, Benefits Agency and the Police.

SECTION 1 – DETAILS OF CURRENT HOLDER(S) OF APPROVAL

Full Name(s)	1. _____
	2. _____

SECTION 2: FULL DETAILS OF PROPOSED HOLDER(S) OF APPROVAL

First or only applicant

Second applicant (if any)

First or only applicant	Second applicant (if any)
Full Name:	Full Name:
Date of Birth:	Date of Birth:
Home Address:	Home Address:
Post Code:	Post Code:
Contact Telephone No:	Contact Telephone No:

SECTION 2: DETAILS OF COMPANY, SOCIETY OR OTHER BODY – If applicant

Name of Company:			
Registered Office Address:			
Post Code:		Telephone Number:	
Company Registration Number:			

Full name and private address of Company Secretary

Surname:		Date of Birth:	
First Name(s):			
Home Address:			
Post Code:		Home Telephone Number:	
Mobile Number:		Work Telephone Number:	
Email address:			

Full name and private address of ALL Directors responsible for the management of the Company , Society, Association or Body

Surname:		Date of Birth:	
First Name(s):			
Home Address:			
Post Code:		Home Telephone Number:	
Mobile Number:		Work Telephone Number:	
Email address:			

Surname:		Date of Birth:	
First Name(s):			
Home Address:			
Post Code:		Home Telephone Number:	
Mobile Number:		Work Telephone Number:	
Email address:			

Please attach additional sheets if necessary

SECTION 3 DETAILS OF PARTNERSHIP – if applicant**1st Partner**

Surname:		Date of Birth:	
First Name(s):			
Home Address:			
Post Code:		Home Telephone Number:	
Mobile Number:		Work Telephone Number:	
Email address:			

2nd Partner

Surname:		Date of Birth:	
First Name(s):			
Home Address:			
Post Code:		Home Telephone Number:	
Mobile Number:		Work Telephone Number:	
Email address:			

3rd Partner (if applicable)

Surname:		Date of Birth:	
First Name(s):			
Home Address:			
Post Code:		Home Telephone Number:	
Mobile Number:		Work Telephone Number:	
Email address:			

4th Partner (if applicable)

Surname:		Date of Birth:	
First Name(s):			
Home Address:			
Post Code:		Home Telephone Number:	
Mobile Number:		Work Telephone Number:	
Email address:			

Please attach additional sheets if necessary

SECTION 4: PREMISES

Name and address of premises

Name of Premises:			
Address:			
Post Code:		Telephone Number:	

Existing Approval Number _____	Date of Expiry _____
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I/We am/are applying to transfer the existing approval for the above named premises.

The fee of £53 is enclosed. (Cheques should be made payable to CMBC). Please note this fee is non-refundable if your application is refused/withdrawn or otherwise not proceeded with.

I enclose the original Approval issued by the Council.

SECTION 5: SIGNATURES

Signed: _____ (First or only applicant)	Dated: _____
Signed: _____ (Second applicant – if any)	Dated: _____