



Dominick Court Serviced Offices

Phone: +353 (0)1 677 9699
Fax: +353 (0)1 677 9701
E-Mail: FrontDesk@DominickCourt.com

40-41 Lower Dominick Street
Dublin 1
www.DominickCourt.com

This **License** is made the ____ day of _____, of the year 20____ between:
Dominick Court Serviced Offices care of Westcourt Management Services Ltd.
of 21 Wicklow St, Dublin 2 (Hereinafter called "The Licensor") and:

Licensee's PPS Number / Company

Registration Number

Licensee's Mobile Phone Number

Licensee's E-Mail Address

Option 1: Post collection

Dublin 1 business address
24 hour post-box access

€33.33 Monthly

3 month minimum

Option 2: Post & calls

Dublin 1 business address
24 hour post-box access

Dedicated phone line
Call forwarding

Option 1 + €33.33 monthly

3 month minimum

Option 2: Post forwarding & call

Dublin 1 business address
24 hour post-box access
Weekly post forwarding
Dedicated phone line
Call forwarding
Fax receiving

Option 2 + €33.33 monthly

3 month minimum

Licensee:
Date:
Address:

Signed: _____

We contact you to deliver keys and access codes
You have 24 hour access to your postbox
We contact you whenever messages / packages arrive
Thanks for choosing our virtual office!

Check List:

1. PPS & company registration numbers
2. Copy of state ID (Passport / Drivers License)
3. Original recent utility bill (Electricity / Gas / Television / Bank statement)
4. Signed application form
5. 3 months remittance



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Standing Order

Details of Account to be Debited

Bank & Address:	Account Name:	<input type="text"/>
<hr/>	Account Number:	<input type="text"/>
<hr/>	Sort Code:	<input type="text"/>
<hr/>	Originator Narrative:	<input type="text"/>

Please set up the following standing order and debit my/our account accordingly

Payee (Beneficiary) Details

Bank & Address:	Account Name:	Westcourt Management
Ulster Bank	Account Number:	15732416
63 Ranelagh Rd	Sort Code:	98-50-50
Dublin 6	Payee Narrative:	<input type="text"/>

Payment Details

Frequency of Payment:	<input type="text" value="Monthly"/>	
Date & Amount of First Payment:	<input type="text"/>	<input type="text" value="€"/>
Date & Amount of Ongoing Payments: (If different from the first payment)	<input type="text" value="-"/>	<input type="text" value="€ -"/>
Date & Amount of Last Payment: Or Until Further Notice: (Payments will be made until you cancel this instruction)	<input type="text" value="-"/>	<input type="text" value="€ -"/>
	<input checked="" type="checkbox"/>	

Customer Signature: _____ Date: _____