**APPENDIX A** 

19/03/2018

Application to transfer premises licence to be granted under the Licensing Act 2003 Ref No. 992145

Please enter the name/s who wishes to apply to transfer the premises licence under the section 42 of the Licensing Act 2003

| Full name                                       | Somasundram Ariyarajah  |
|---|---|
| Full name ( 2nd<br>Applicant if<br>appropriate) |   |
|   |   |
| Premises licence n                              | umber   |
|   | 857877  |
| Postal Address of p                             | premises, if none, ordnance survey map reference or description |
| Address Line 1                                  | 4   |
| Address Line 2                                  | CAMBERWELL CHURCH STREET  |
| Town  | LONDON  |
| County  | London  |
| Post code                                       | SE5 8QU   |
| ordnance survey<br>map reference                |   |
| Telephone Number                                | s ( at premises )   |
|   |   |
| Telephone number                                |   |
| ·   | description of the premises ( Please read guidance note 1 )     |
| ·   |   |
| Please give a brief                             | description of the premises ( Please read guidance note 1 )     |

If you are applying as a person described in the above question: Please confirm:

a) an individual or individuals

|   | I am carrying on or proposing to carry on a business which involves the use<br>br> of the premises for licensable activities |  |
|---|--|--|
| Personal Details  |  |  |
| Title   | Mr   |  |
| If other, please specify  |  |  |
| Surname   | Ariyarajah   |  |
| First Names   | Somasundram  |  |
| I am 18 years old or over   | Yes  |  |
| Current Postal addres   | ss if different from Premises address  |  |
| Address Line 1  |  |  |
| Address Line 2  |  |  |
| Town  |  |  |
| County  |  |  |
| Post code   |  |  |
| Daytime contact   |  |  |
| teléphone number  |  |  |
| Email Address   |  |  |
| Do you wish to add a  | second individual applicant?   |  |
|   | No   |  |
| Are you the holder of the premises licence under an interim authority notice? |  |  |
|   | No   |  |
| Do you wish the trans   | fer to have an immediate effect?   |  |
|   | Yes  |  |
| If not, when would you like the transfer to take effect?                      |  |  |
|   |  |  |

I have submitted the consent form signed by the existing premises licence holder

Please tick to indicate agreement

AuthCode

LicenceReference

|                        | I am not a company or limited liability partnership |
|------------------------|---|
| I agree to the above s | statement   |
|                        | Yes   |

The information you provide will be used fairly and lawfully and Southwark Council will not knowingly do anything which may lead to a breach of the Data Protection Act 1998.

Application to transfer premises licence to be granted under the Licensing Act 2003

19/03/2018 Consent of premises licence holder to transfer Ref No. 992143

## Please confirm the following:-

|   | We             |
|---|----------------|
| Full name                                       | Mohammed Imran |
| Full name ( 2nd<br>Applicant if<br>appropriate) | Ghulam Rasool  |

The premises licence holder of premises licence number

| Enter premises licence number | 857877 |
|-------------------------------|--------|
| nochoc mamber                 |        |

Relating to: Name and address of premises to which the application relates

| Name of Premises |                            |
|------------------|----------------------------|
| Address Line 1   | 4 CAMBERWELL CHURCH STREET |
| Address Line 2   |                            |
| Town             | LONDON                     |
| County           |                            |
| Post code        | SE5 8QU                    |

Hereby give my consent for the transfer of premises licence number

| Enter premises licence number | 857877 |
|-------------------------------|--------|
| HOCHOC HAITIBEI               |        |

То

| full name of | Somasundram Ariyarajah |
|--------------|------------------------|
| transferee   |                        |

I can confirm all the Information submitted is true and accurate

|  | Loonfirm |
|--|----------|
|  |          |

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