

ENQUIRY FORM

Your date of birth, place of birth and nationality are now required by law. You do not have to provide your telephone number, however this can assist Constabularies with carrying out their checks and they may wish to contact any new applicants directly to arrange a meeting.

Full Name:	BENJAMIN DAVID ABRAHAM
Nationality	BRITISH
Date of Birth:	05/03/1990
Place of Birth:	CROIDON
National Insurance Number :	NT 873705B
Mobile Tel.No:	07917 477 094

I hereby consent for my personal information to be disclosed to all relevant Responsible Authorities under the Licensing Act 2003 in respect of my appointment as Designated Premises Supervisor for the premises detailed above.

Signed Benjamin

Name Printed BEN ABRAHAM

Dated 20/05/22

**CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS
PREMISES SUPERVISOR**

I Mr Benjamin David Caudell Abrahams of 49 Redston Road, London, N8 7HL hereby confirm that I give my consent to be specified as the Designated Premises Supervisor in relation to the application for a New Premises Licence by NW5 Pub Limited relating to a Premises Licence for Gipsy Queen, 166 Malden Road, London, NW5 4BS and any premises licence to be granted or varied in respect of this application made by NW5 Pub Limited concerning the supply of alcohol at Gipsy Queen, 166 Malden Road, London, NW5 4BS

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal Licence Number:- 5870/0600830

Personal Licence Issuing Authority:- London Borough of Sutton

Signed

Benjamin

Name Printed

BEN ABRAHAMS

Dated

20/05/22