

COMPANY APPLICATION

SECTION 1 - TO BE COMPLETED BY THE LETTING AGENT

| Product required | Reference: | Express: □ | Ultimate: □ |
|-------------------------|---|-------------------------|--------------|
| | R/G period: | 6 months: □ | 12 months:□ |
| | Landlord Name: | | |
| Rental property address | Address Line 1: | | |
| | Address Line 2: | | |
| | Address Line 3: | | |
| | Postcode: | | |
| | Initial tenancy term: | | |
| Tenancy details | Monthly Rental | £ | |
| | Tenants being referenced | | |
| | Proposed tenancystart date: | | |
| | Is the Property | Let Only ☐ Fully Manage | ed \square |
| SECTION 2 - COI | MPANY DETAILS | | |
| | Full companytrading name: | | |
| | | | |
| Company details | Director Name | | |
| | Date of Formation: | | |
| | Monthly Share of Rent | | |
| | Companyrregistration number: (if limited) | | |
| | Telephone No | Fax | |
| | Email | | |



SECTION 2 - COMPANY DETAILS (continued)

(Please provide three years trading address details)

| Current Address | Address Line 1 | | | |
|----------------------------|--------------------------------------|-------------------|-------|--|
| Details | Address Line 2 | | | |
| | Address Line 3 | | | |
| | Post Code | | | |
| | Period at Address | Yrs | Mths | |
| Previous Address | Address Line 1 | | | |
| Details | Address Line 2 | | | |
| | Address Line 3 | | | |
| | Post Code | | | |
| | Period at Address | Yrs | Mths | |
| Address Status | DLORD / LETTING AG Registered Office | | Owner | |
| Address Status (circle) | Registered Office | Commercial Tenant | Owner | |
| | Other (detail) | | | |
| | Name of Landlord : | | | |
| Landlord details | Telephone No | Fax | | |
| | Email | | | |
| | Landlord Details | | | |
| | Address line 1: | | | |
| | Address line 2: | | | |
| | Address line 3: | | | |
| | Postcode: | | | |



| Does the companyhave any current/ historic/or pending adverse credit? - Yes / No | | | | |
|--|----------------------------|--|--|--|
| If Yes, please stat | e | | | |
| Have financial accounts been prepared? | | Yes – Prepared by Accountant / Auditor | | |
| | | Yes - Self Assessment (no accounts) | | |
| | | No | | |
| If "Yes – Self Asse | essment (no accounts) – Is | the tenantable to provide copy accounts – Yes / No | | |
| Any other relevant information | | | | |
| | | | | |
| SECTION 4 - A | ACCOUNTANT DETAILS | S | | |
| | Accountant Practice Name: | | | |
| | Address line 1: | | | |
| | Address line 2: | | | |
| Accountant | Address line 3: | | | |
| details | Postcode: | | | |
| | Contact name: | | | |
| | Contact number: | | | |
| | Fax number: | | | |
| | Email: | | | |





SECTION 5 - DECLARATION

I hereby certify that the information provided is true and accurate and give permission for this information to be verified by third parties as detailed above for the purpose of:

- Performing a credit search by a third party agency
- Contacting my current, previous employers and referees to confirm the details provided
- Fraud prevention, credit assessment and insurance decisions

I understand that the results of these searches will be provided to the Letting Agent and accessed again in the event of a default in my rental payments.

I understand that I can request the details of any credit reference agencies used so that I can verify with them the information provided.

Declaration

I understand that if I default on my tenancy obligations, this information may be released to authorised debt recovery agencies and sould affect any future applications. I make for

to authorised debt recovery agencies and could affect any future applications I make for tenancies, credit and insurance.

I understand that providing false information may lead to early termination of any subsequent tenancy agreement.

I can confirm that I am a director of the applicant Company and am authorised to make this declaration on its behalf. I can also confirm that I am happy for Let Alliance to contact me in respect to this application

I have read and agree to be bound by the above terms

| Signed on behalf of the company: | Date: |
|----------------------------------|-------|
| Print name: | |
| Position held: | |
| Signed on behalf of the company: | Date: |
| Print name: | |
| Position held: | |

PLEASE RETURN THIS APPLICATION FORM TO YOUR LETTING AGENT

SHOULD YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION PLEASE DO NOT HESITATE TO CONTACT US ON 0845 6850475 OR EMAIL US AT TENANT@LETALLIANCE.CO.UK

Please also note for Self - Assessment applicants:

- A copy of the tenant tax calculation issued by the H M Revenue & customs in relation to self Assessment is required.
- Please submit the most recent copy accounts or the latest tax calculation issued by HMRC to Let Alliance by fax or email.