





## STORE FIRST COMPLETION PROCESS

Flow chart for the acquisition of Storepods

### **CASH PURCHASES**

#### STAGE 1:

- \* Complete and sign the Contract of Sale Stage 1 as attached.
- \* You supply the information needed for your ID pack (1).
- \* You pay the purchase price.
- \* Become immediately eligible to receive your 8% returns (2).

#### STAGE 2:

- \* You receive the contract pack for signature from our Solicitors, JWK (3).
- \* You sign and return the signed contract pack, to JWK.

### STAGE 3:

- \* Your commercial property transaction is completed.
- \* Application is made for your title to be registered at the Land Registry.
- \* Once registered we send you proof of registration and your title deed.
- (1). For each Buyer, please supply a colour copy of your current passport. Please also supply an original copy of a recent utility bill registered to your home address. (Non UK residents must provide 2 copies of proof of residence. Please check with Store First as to what is acceptable).
- (2). Please complete the HMRC Non-resident landlord scheme application in order to receive your full 8% returns (only for non-UK-residents).
- (3). Your contract pack contains Title Deed, 6 Year sub-lease, Buy-Back and purchase contract. Please sign and return all applicable documents to JWK Solicitors.







Please complete in full using capital letters

Cash Investment Contract S1	Please provide details of the individual(s) in whose wish the Storepod(s) to be registered.	name(s) you
First Name	Title: Mr./Mrs	
Middle Name (s)		
Surname		
Gender (Male/Female)		
Name to appear in contract		
Date of Birth		
Nationality		
Occupation		
Address Line 1		
Address Line 2		
Address Line 3		
Address Line 4		
Address Line 5		
Postcode/ZIP Code		
Telephone Number		
E-mail Address		
of your purchase. Tick here if you		
Second Individuals details if applicable for a joint purchase.	Please provide details of the individual(s) in whose wish the Storepod(s) to be registered.	name(s) you
First Name	Title: Mr./Mrs	
Middle Name (s)		
Surname		
Gender (Male/Female)		
Name to appear in contract		
Date of Birth		
Occupation		
Nationality		
Address Line 1		
Address Line 2		
Address Line 3		
Address Line 4		
Address Line 5		
Postcode/ZIP Code		
Telephone Number		
E-mail Address		
* The email address you supply v	vill be given to the Land Registry on registration u <b>DO NOT</b> agree to this.	









Please complete in full using capital letters

Your Investment Property.	Please specify the number and size	of Storepods you	wish to acquire.
Storepod Size (Sq/Ft)	Number of Storepods	Cost per pod	Total Cost (£)
10		£1,500	
15		£2,250	
20		£3,000	
25		£3,750	
35		£5,250	
50		£7,500	
75		£11,250	
100		£15,000	
115		£17,250	
120		£18,000	
125		£18,750	
130		£19,500	
135		£20,250	
150		£22,500	
170		£25,500	
175		£26,250	
190		£28,500	
200		£30,000	
235		£35,250	
Total Storepods (No.)		Total Cost (£)	
Total Cost in Words:			
Storepod Allocation:	Please tick the box if you would reservations team to allocate yo		
Solicitor Details	Please indicate your choice by ticking	ng a box below.	
I understand this is an investment into commercial property and I am free to appoint any lawyer to conduct the purchase on my behalf. Alternatively I can opt to appoint The Hetherington Partnership, a law firm with experience in processing Investments into Storepods for clients.			
_	Partnership and agree to pay legal fee his Purchase as well as any other cost		
Subject to change for overseas. For any further information regarding these legal Fees please contact The Hetherington Partnership direct on Tel:0151-632-3411 Fax:0151-632-1284 Email:marg@hetheringtons.fsnet.co.uk.			
I would like to appoint my own lawye Lawyer contact details:	er to complete this purchase.		
I do not wish to employ a Solicitor.			









Please complete in full using capital letters

Store First Account Details	Please send all completion funds to the bank account details below
Bank Account Name	Store First Midlands Limited
Bank Name	HSBC
Bank/Building Society Address	Hardman Square, Spinningfields, Manchester, M3 3EB
Sort Code	40-20-80
Account Number	80004634
Country of Account	UK
Reference (Client Name)	SF:

Investor's Bank Account Details	Please provide details of bank account that you wish Store First to pay your rental income into.
Development Name/Unit No.	
First Name	
Surname	
Bank/Building Society	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Address Line 5	
Postcode/ZIP Code	
Account Holders Full Name	
Account Name	
Account Number	
Reference - (please leave blank)	
Sort Code/ABA	
IBAN	
Swift Code	
Please indicate currency required for	payments.







Please complete in full using capital letters

### CASH PURCHASES

It is hereby agreed that in consideration of the Total Cost being paid. Store First Limited shall procure that the pod(s) is reserved in the purchaser(s) name.

### Please note that the Total Cost you pay is non refundable.

SFL reserve the right to re-sell the Pods if you fail to take appropriate action, or fail to respond to any communication from us, within 21 days of any request we may make.

Although every effort is made to prevent changes, SFL reserves the right to make changes to the specification and location of the Pods reserved and ancillary terms where in SFL's opinion such changes are necessary.

Any such changes will not require notification to or from the purchaser. Any such changes will not materially prejudice the value of the store pods being purchased.

We ask that the purchaser updates Store First on any change of contact details in the future, in order to maintain consistent communication.

Please note amendments or cancellations of contracts may incur a fee of £75+VAT

PURCHASER 1 Please Print Na	ame:
PURCHASER 1 Signature:	
Date of Signature (DD/MM/YYY	<u>(Y):</u>
PURCHASER 2 Please Print Na	<u>ame:</u>
PURCHASER 2 Signature:	
Date of Signature (DD/MM/YYY	<u>Y):</u>









Please complete in full using capital letters

## **QUESTIONNAIRE & CONSENT FORM**

### SOURCE OF FUNDS

Please comple	ete A or B below:-	
Α	If the purchase monies are to be paid out of your account as detailed on page 4 of this Contract of Sale Stage 1, please tick here.	
В	If the purchase monies are to be paid out of an account other than that detailed on page 4 of this Contract of Sale complete this section.	e Stage 1, please
Name of Bank		
Full names of account holder(s)*		
Account Number		
Amount to be paid	£	
*ID must be provided for a		
Please comple	te this section:-	
	oney laundering legislation, JWK is required to make enquiries into the source of any funds being paid. Please provi	
·	ould include savings, inheritance or the sale of other property. Full details must be provided (eg savings accumulate	•
I have been earning £xxxx	per annum while working for xxxx company). Please note that we may be required to request copy documents from	n you for our records:-
I/We, the above named, co	onfirm that no third party is providing any funding and that the source of the funds referred to above is from:	
Please read th	is section and sign below:-	
	<u>CONSENT</u>	
	ept this form as written notification of the matters set out herein and I/we hereby consent to JWK Solicitors disclosin	
	f Sale Stage 1 and/or any details which appear on the documents I/we provide, to enable JWK Solicitors to carry ou	
	reference agency for the purposes of JWK Solicitors conducting their identity checks in relation to anti-money launc	dering procedures. I/we
acknowledge that the cred	lit reference agency may keep records of the information and copy documents provided.	
Dated this		
PURCHASER 1 SIG	GNED	
PURCHASER 1 Pri	nt Full Name	
PURCHASER 2 / 16	DINT ACCOUNT HOLDER SIGNED	
. 5. (5. 1) (OLIV 2 / 00	O. T. A. C. C. C. T. T. C.	

PURCHASER 2 / JOINT ACCOUNT HOLDER Print Full Name.....

Store First Ltd. Group First House, Mead Way, Padiham, Lancashire, Engli Group 330 Fax 0044 1282 412 680 sales@groupfirst.co.uk







Please complete in full using capital letters

Agent Details	The sales agent is responsible for completing this section.
Agent Name	
Company Name	
Contact E-mail Address	
Contact Phone Number	
<u>Notes</u>	The sales agent is responsible for completing this section.
AGENT Please Print Full Name	:
	-
A OFNIT Of the safe	
AGENT Signature:	
Date of Signature (DD/MM/YYY	Y):
	<u>· /·</u>

Store First Ltd. Group First House, Mead Way, Padiham, Lancashire, England BB12 7NG Tel 0044 1282 330 330 Fax 0044 1282 412 680 sales@groupfirst.co.uk www.S1.co.uk