

# Company Assessment Application Form



Part A should be completed by the branch. Parts B and C are to be completed by the company. Please complete this Application Form in **BLACK INK** using **BLOCK CAPITAL LETTERS**. Once fully completed please return to your local branch.

## Part A To be completed by the branch *(mandatory for all assessments)*

Branch Name	<input type="text"/>	TLC Username/ Cost Centre	<input type="text"/>
Contact Name	<input type="text"/>		
Contact Telephone Number	<input type="text"/>		

**Complete Parts:** *please tick to highlight which parts you are completing*

Company Credit Check

A B C

## Property Details

House Number / Name	<input type="text"/>		
Flat Number / Name	<input type="text"/>		
Street	<input type="text"/>		
Town	<input type="text"/>		
District	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
Total Rent	£ <input type="text"/>	Per week / month <i>(delete as appropriate)</i>	
Proposed Tenancy Commencement Date	<input type="text"/>	Period	<input type="text"/>
Type of Property	Det house <input type="radio"/> Semi-det house <input type="radio"/> Terrace/Town house <input type="radio"/> Det bungalow <input type="radio"/> Semi-det bungalow <input type="radio"/> Terraced bungalow <input type="radio"/> Flat/maisonette <input type="radio"/>		
No. of Bedrooms	1 2 3 4 5 6 7 Other <input type="text"/>		
If Flat or Maisonette, is it purpose built?	Yes <input type="radio"/>	No <input type="radio"/>	
Does the Landlord have resident landlord status?	Yes <input type="radio"/>	No <input type="radio"/>	

### Confidentiality Note

Once fully complete, please transfer to [www.tenant-letting-check.com](http://www.tenant-letting-check.com). The information contained within this application is being transmitted to and is intended only for TLC. If the reader of this message is not the intended recipient, you are hereby advised any dissemination, distribution or copy of this is strictly prohibited. If you receive this application in error, please immediately notify us by calling **0870 034 8586**.

**Part B To be completed by the applicant company** (mandatory for all assessments)

Please complete ALL boxes.

**Company Details**

Full Company Name

House Number / Name

Flat Number / Name

Street

Town

District

County  Postcode

Daytime Telephone\*  Fax Number\*

Email Address\*

**How long have you lived at your current address?**      Years  Months

To assist us to complete the assessment process, there might be a requirement to contact you by telephone. Please tick the box opposite if this is not acceptable

**Company Type**

Public Ltd      Private Ltd      Partnership      Sole Trader      Proprietor      LLP      Other

                                  

If Private Ltd or PLC please provide registration number

Approximate date of company formation

**Please give the names of all occupiers moving into the property**

	First Name	Middle Name	Surname	Share of Rent
Tenant 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

**Company Contact Details**

Mr/Mrs/Miss/Ms\*  Other (please specify)

Surname \*

First Name \*  Middle Name

Email Address \*  Job Title\*

**Partner 1 details** (if you are a Sole Trader, Partnership or Proprietor a personal credit check will be carried out)

Full Name*	<input type="text"/>
Date of Birth*	<input type="text"/>
House Number / Name*	<input type="text"/>
Flat Number / Name*	<input type="text"/>
Street*	<input type="text"/>
Town*	<input type="text"/>
District*	<input type="text"/>
County*	<input type="text"/>
Postcode*	<input type="text"/>

**Partner 2 details** (if you are a Sole Trader, Partnership or Proprietor a personal credit check will be carried out)

Full Name*	<input type="text"/>
Date of Birth*	<input type="text"/>
House Number / Name*	<input type="text"/>
Flat Number / Name*	<input type="text"/>
Street*	<input type="text"/>
Town*	<input type="text"/>
District*	<input type="text"/>
County*	<input type="text"/>
Postcode*	<input type="text"/>

**Details of Accountant or Auditor** (please authorise your accountant/ auditor to provide a reference)

Practice Name*	<input type="text"/>
Office / House Name	<input type="text"/>
Street Number / Name	<input type="text"/>
Town	<input type="text"/>
District	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Contact Name*	<input type="text"/>
Daytime Telephone* (including STD code)	<input type="text"/>
Extension	<input type="text"/>
Fax No.*	<input type="text"/>
Email Address*	<input type="text"/>
How long has this Accountant / Auditor acted for you?	Years <input type="text"/>
	Months <input type="text"/>

**Details of Trade Reference 1** *(please authorise your supplier to provide a reference)*

Name*	<input type="text"/>	
Office / House Name	<input type="text"/>	
Street Number / Name	<input type="text"/>	
Town	<input type="text"/>	
District	<input type="text"/>	
County	Postcode	<input type="text"/>
Contact Name*	<input type="text"/>	
Daytime Telephone* (including STD code)	Fax Number*	<input type="text"/>
Extension	<input type="text"/>	
Email Address*	<input type="text"/>	

**Details of Trade Reference 2** *(please authorise your supplier to provide a reference)*

Name*	<input type="text"/>	
Office / House Name	<input type="text"/>	
Street Number / Name	<input type="text"/>	
Town	<input type="text"/>	
District	<input type="text"/>	
County	Postcode	<input type="text"/>
Contact Name*	<input type="text"/>	
Daytime Telephone* (including STD code)	Fax Number*	<input type="text"/>
Extension	<input type="text"/>	
Email Address*	<input type="text"/>	

**Part C To be completed by the applicant Company (mandatory for all assessments)**

**Consent**

Please read the declaration and sign and date below. WE CANNOT PROCEED WITH THIS APPLICATION IF YOU DO NOT SIGN.

The information, which I have given in this Application Form, is true to the best of my knowledge. I consent to this information being verified by fair and lawful means, which I understand will involve contacting referees and licensed credit reference agencies. I understand the resulting verified information would be forwarded to the letting agency and / or to the landlord.

I consent to Tenant Letting Check searching information held by credit reference agencies using either a company credit check via Experian or an Individual credit check if trading as a Sole Trader / Proprietor / Partnership or Limited Liability Partnership via Call Credit. I agree that Tenant Letting Check and the credit-referencing bureau used will keep a record of that search and the results from that search.

The law requires that we also verify the identity of all applicants under the Proceeds of Crime Act 2002 and Money Laundering Regulations 2007. Therefore if you are trading as a Sole Trader / Proprietor / Partnership or Limited Liability Partnership then your co-operation and assistance with this is appreciated. We will seek to verify your identity and proof of residency via electronic verification using the CallML online Identity check system (part of Call Credit). However, you may still be required to provide proof of photo ID and proof of residency to the letting agency and / or landlord.

The footprint left by carrying out a CallML search is "Prevention of Money Laundering" this will be visible on your credit file along with a footprint of the credit search, these footprints will have no effect on your credit score or credit worthiness.

I understand that in the event of any default by the company in respect of the covenants in its tenancy agreement with its landlord, the information contained herein may be disclosed to TLC and / or one or more tracing companies and / or debt collection agencies in order to recover any monies due or to trace the company's whereabouts.

Home Telecom is the preferred supplier of the telephone line and broadband to the property and they will be contacting you directly to ascertain your requirements. If you do not want to be contacted by Home Telecom please e-mail [sales@hometelecom.co.uk](mailto:sales@hometelecom.co.uk) please quote Opt Out and your TLC reference in the subject field.

Otherwise all information will be treated as confidential.

You should signify your consent to the text above by ticking the box next to it.

I agree that information supplied by me will be held in accordance with the Company's notification under the Data Protection Act 1998. That you may record sensitive data as defined in the Data Protection Act 1998 and I understand that I have the right to ask for a copy of the information held about my company subject to the payment of an administration fee that will be notified to me upon application, though it will not exceed the amount set by statute. I have the right to request that the information on my company be amended if it is found to be incorrect. I also consent to passing the results of any such search or assessment to my prospective landlord(s) for the purpose of assessing this application.

I confirm that I am an authorised signatory of the applicant company and am duly authorised to make this declaration on its behalf.

Please sign and date the form

Signature\*  Date\*

Print Name\*

Position in Company\*

TLC trading name of Sequence (UK) Limited. Registered in England 4268443. Registered office The Bailey, Skipton, North Yorkshire BD23 1DN. (From 1 April 2013 the registered office will Cumbria House, 16-20 Hockliffe Street, Leighton Buzzard, Bedfordshire LU7 1GN.)

