



COMPANY APPLICATION

AGENT NAME: Prime Property (Ni) Ltd **AGENT CODE:** 600104

SECTION 1 – TO BE COMPLETED BY THE LETTING AGENT

| | | | |
|--------------------------------|------------------------------|------------------------------------|--|
| Product required | Reference: | Express: <input type="checkbox"/> | Ultimate: <input type="checkbox"/> |
| | R/G period: | 6 months: <input type="checkbox"/> | 12 months: <input type="checkbox"/> |
| Rental property address | Landlord Name: | ..... |  |
| | Address Line 1: | ..... |  |
| | Address Line 2: | ..... |  |
| | Address Line 3: | ..... |  |
| | Postcode: | ..... |  |
| | Initial tenancy term: | ..... |  |
| Tenancy details | Monthly Rental | £ | ..... |
| | Tenants being referenced | ..... |  |
| | Proposed tenancy start date: |/...../..... | |
| | Is the Property | Let Only <input type="checkbox"/> | Fully Managed <input type="checkbox"/> |

SECTION 2 – COMPANY DETAILS

| | | |
|------------------------|--|----------|
| Company details | Full company trading name: | ..... |
| | | |
| | Director Name | ..... |
| | Date of Formation: | ..... |
| | Monthly Share of Rent | ..... |
| | Company registration number: (if limited) | ..... |
| Telephone No | ..... | Fax..... |
| Email | ..... |  |

Website: www.letalliance.co.uk



SECTION 2 – COMPANY DETAILS (continued)

(Please provide three years trading address details)

| | | |
|---------------------------------|-------------------|---------------------|
| Current Address Details | Address Line 1 | ..... |
| | Address Line 2 | ..... |
| | Address Line 3 | ..... |
| | Post Code | ..... |
| | Period at Address | Yrs .....Mths |
| Previous Address Details | Address Line 1 | ..... |
| | Address Line 2 | ..... |
| | Address Line 3 | ..... |
| | Post Code | ..... |
| | Period at Address | Yrs .....Mths |

SECTION 3 - LANDLORD / LETTING AGENT DETAILS

| | | | |
|-----------------------------------|--------------------------|-------------------|-------|
| Address Status (circle) | Registered Office | Commercial Tenant | Owner |
| | Other (detail)..... | | |
| Landlord details | Name of Landlord : | | |
| | Telephone No..... | Fax..... | |
| | Email | | |
| | Landlord Details | | |
| | Address line 1: | ..... |  |
| Address line 2: | ..... |  |  |
| Address line 3: | ..... |  |  |
| Postcode: | ..... |  |  |

Does the company have any current / historic / or pending adverse credit? - Yes / No

Website: www.letalliance.co.uk



If Yes, please state.....

.....

Have financial accounts been prepared? Yes – Prepared by Accountant / Auditor

Yes – Self Assessment (no accounts)

No

If “Yes – Self Assessment (no accounts) – Is the tenant able to provide copy accounts – Yes / No

Any other relevant information

.....

SECTION 4 – ACCOUNTANT DETAILS

Accountant Practice Name:

Address line 1:

Address line 2:

Address line 3:

Accountant 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 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.**

Website: www.letalliance.co.uk