



COMPANY APPLICATION

AGENT NAME:

AGENT CODE:

SECTION 1 – TO BE COMPLETED BY THE LETTING AGENT

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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

	Full company trading name:	.....
		
Company details	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:		

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SECTION 5 – DECLARATION

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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.

Declaration

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

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