

Company Assessment Application Form

Part A needs to be completed by the Agent and **Parts B and C** are to be completed by the Company. The sections to be completed depend upon the constitution of the Company to be assessed and are indicated within the body of the Application Form.

Please complete this form using **Black Ink and Capital Letters** and then return it to the Managing Agents. Please then email to: enquiries@letinsurance.co.uk Or fax to 01295 722801

We endeavour to get the Company References returned to the Agent as quickly as possible in order for the appropriate documentation to be drawn up and signed in order for the tenancy to commence within your preferred timescale. In order to do this, we would greatly appreciate a prompt response from your Company Accountants who we will be contacting in order to verify the Company's financial standing. We would suggest that the Accountants are warned that they will be receiving a reference request from us and that the quicker that they respond to it, the quicker the proposed contracts can be drawn up and the paperwork completed. We thank you for your assistance in this regard.

Part A – to be completed by the Agent

Agent Name LIS Agency No:

Contact Name Contact Tel

Property Details

House/Flat Name/Number

Street

Town

County Postcode

Total Rent (pcm) Tenancy Start Date

Tenancy Period

Part B – to be completed by the Company applying for the Tenancy

Please state the full names of all occupiers of the property over the age of 18:

Occupier 1.....DOB.....

Occupier 2.....DOB.....

Confidentiality Note: The information contained within this application form is being transmitted to and intended only for the use of LIS and the Managing Agent listed above. If the reader of this message is not the intended recipient you are hereby advised that any dissemination, distribution or copy of this application is strictly prohibited. If you receive this transmission in error please contact us on 0844 478 0202.



Occupier 3.....DOB.....

Occupier 4.....DOB.....

Occupier 5.....DOB.....

Part B (cont'd)

Full Company Name

Contact Name Position Held

Address of Company

Telephone E-Mail

Public Ltd Private Ltd Partnership Sole Trader Proprietor

Other (please explain)

If Private Ltd or PLC please provide registration number

Year Incorporated

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

Name of Practice Contact Name

Address

Postcode

Telephone Number E-Mail



Details of Bank/Building Society

Organisation Name	<input type="text"/>	Tel No	<input type="text"/>
Address	<input type="text"/>		
Account Name	<input type="text"/>	Sort Code	<input type="text"/>
Account Number	<input type="text"/>		

Part B (cont'd)

Partnership/Sole Trader/Proprietor Details

Partner 1 (Name)	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone No	<input type="text"/>	E-Mail	<input type="text"/>
Partner 2 (Name)	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone No	<input type="text"/>	E-Mail	<input type="text"/>
Trader Ref 1 (Name & Position)	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	E-Mail	<input type="text"/>

Confidentiality Note: The information contained within this application form is being transmitted to and intended only for the use of LIS and the Managing Agent listed above. If the reader of this message is not the intended recipient you are hereby advised that any dissemination, distribution or copy of this application is strictly prohibited. If you receive this transmission in error please contact us on 0844 478 0202.



Trader Ref 2
(Name & Position)

Address

Telephone

Postcode

E-Mail

Part C To be completed by the Applicant Company

Consent:

In connection with this application a search will be carried out by Let Insurance Services Ltd (LIS) to check all or any of the details which have been submitted.

I expressly consent to passing the results of any such search or assessment to my prospective Landlord(s) for the purpose of assessing this application.

LIS and its Agents may use your information to keep you informed by post, telephone, e-mail or other means of its products and services which may be of interest to you. If you do not wish your information to be used for these marketing purposes please tick here

Please sign and date the form for and on behalf of the Company

Signed

Date

Position in Company

**Please complete this form using Black Ink and Capital Letters and then return it to the Managing Agents.
Please then email to: enquiries@letinsurance.co.uk Or fax to 01295 722801**