

Once fully completed please fax it to Letsure on **0871 750 1911**.



Company Assessment Application Form

This form can be used by letting agents or landlords who are vetting a company prior to the letting of a property. Part A should be completed by the agent/landlord. Part 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 Application Form in **BLACK INK** using **BLOCK** letters.

Part A To be completed by the agent or landlord *Mandatory field for assessments.*

Agent Name	
Letsure Agency Number	
Contact Name	
Contact Telephone Number	

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

Property Details

House Number / Name			
Flat Number / Name			
Street			
Town			
District			
County		Post Code	
Total Rent	£	Per Week / Month (<i>delete as appropriate</i>)	
Tenancy Commencement Date		Period	

Part B To be completed by the applicant company. Mandatory for all assessments

Please state full names of all occupiers of the property

	First Name	Middle Name	Surname	Share of Rent
Tenant 1				£
Tenant 2				£
Tenant 3				£
Tenant 4				£
Tenant 5				£
Tenant 6				£

Confidentiality Note

The information contained within this application is being transmitted to and is intended only for the use of Letsure. If the reader of this message is not the intended recipient, you are hereby advised any dissemination, distribution or copy of this application is strictly prohibited. If you receive this application in error, please immediately notify us by calling **0844 561 7808**

Part B (continued) to be completed by the applicant company

Full company name			
Contact Name			
Position Held			
Address Name/Number			
Street			
Town			
District			
County		Postcode	
Telephone		Fax Number	
Email Address		Period at Address	

Please tick as appropriate:

Public/ Private Ltd	<input type="checkbox"/>	Charity	<input type="checkbox"/>	Partnership/Sole Trader	<input type="checkbox"/>	Foreign Company	<input type="checkbox"/>	Limited Liability Partnership (LLP)	<input type="checkbox"/>	Other	<input type="checkbox"/>
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If limited, charity, PLC or LLP please provide registration number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NB Please note foreign companies can only be referenced if they have a foreign companies index number, please provide in the section above.

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

Name of practice		Contact name	
Address Name/Number			
Street			
Town			
District			
County		Postcode	
Telephone number		Fax number	
Email Address			

Bank / Buildings society details:

Organisation Name			
Address Name/Number			
Street			
Town			
District			
County		Postcode	
Telephone Number		Fax Number	
Account Name			
Account Number		Sort Code	

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Part B (continued)

Partnership/Sole Trader/Proprietor/Other Details - PLEASE COMPLETE

Partner 1 Name		Maiden Name		DOB	
Address Name/Number					
Street					
Town					
District					
County			Postcode		
Telephone Number			Fax Number		
Email Address					

Partner 2 Name		Maiden Name		DOB	
Address Name/Number					
Street					
Town					
District					
County			Postcode		
Telephone Number			Fax Number		
Email Address					

Trade reference 1 Company		Contact Name	
Address Name/Number			
Street			
Town			
District			
County		Postcode	
Business Tel. Number		Fax Number	
Email Address			

Trade reference 2 Company		Contact Name	
Address Name/Number			
Street			
Town			
District			
County		Postcode	
Business Tel. Number		Fax Number	
Email Address			

NB Please authorise your trade contact to provide a reference.

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Part C to be completed by the applicant company. *Mandatory for all assessments*

Consent:

In connection with this application a search will be carried out by Letsure Tenant Assessment to check all or any of the application details, which have been submitted.

Letsure may carry out periodic checks on the conduct of your tenancy agreement with your landlord. I consent to this information being shared with other organisations for the purposes of assessing the tenant applications and services.

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

Letsure Limited and other members of Barbon Insurance Group Limited, of which Letsure is a part, as well as the letting agency and other selected businesses, may use this information to keep you informed by post, telephone, email or other means about products and services that may be of interest. If you do not want your information to be used for these marketing purposes, please signify by ticking the box opposite.

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

Signature _____ Date ____/____/____

Position in company _____

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