



LETSURE

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, Parts B and C are to be completed by the Company. The sections to be completed depend on 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 CAPITAL LETTERS**. Once fully completed fax it to **Letsure** on **0871 750 1911**.

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

Agent Name			
Letsure Agency Number			
Contact Name			
Telephone Number		Fax Number	

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

Property Details:

House Number / Name			
Flat Number / Name			
Street			
Town			
District			
County		Postcode	
Total Rent	£	Per Week / Month	<i>(delete as applicable)</i>
Tenancy Commencement		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	Date of Birth
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 that any dissemination, distribution or copy of this application is strictly prohibited. If you receive this application in error, please notify us immediately by calling **08700 777808**.

Part B (Continued) To be completed by the applicant Company *Mandatory for all assessments*

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

Public Ltd
 Private Ltd
 Partnership
 Sole Trader
 Proprietor
 Other

If Private Ltd or plc please provide registration number

Approximate date of company formation

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			

Details of Bank / Building Society

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

Part B (Continued) To be completed by the applicant Company *Mandatory for all assessments*

Partnership / Sole Trader / Proprietor Details *Complete if not a plc or private limited company*

Partner 1 (Name)			
Address Name / Number			
Street			
Town			
District			
County		Postcode	
Telephone Number		Fax Number	
Email Address			

Partner 2 (Name)			
Address Name / Number			
Street			
Town			
District			
County		Postcode	
Telephone Number		Fax Number	
Email Address			

Trade Reference 1 (Name)			
Address Name / Number			
Street			
District			
County		Postcode	
Telephone Number		Fax Number	
Email Address			

Trade Reference 2 (Name)			
Address Name / Number			
Street			
District			
County		Postcode	
Telephone Number		Fax Number	
Email Address			

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.

The Lumley group and its agents may use your information to keep you informed by post, telephone, email 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

Letsure, Granite House, 31 Stockwell Street, Glasgow G1 4RZ Tel: 08700 777 808 Fax: 0871 750 1911
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