



14b Lower North Street  
Exeter  
01392 412220

MISSING INFORMATION WILL RESULT IN DELAYS!

## COMPANY APPLICATION

### 1. CHECK TYPE

This section should be completed by the **LETTING AGENT** in **BLOCK CAPITALS**

<b>CREDIT SEARCH</b> <input type="radio"/>		<b>FULL REFERENCE</b> <input type="radio"/>	
<b>EXECUTIVE 6 (6 mths)</b> <input type="radio"/>		<b>EXECUTIVE 6+ (Nil Excess -6 mths)</b> <input type="radio"/>	
<b>EXECUTIVE 12 (12 mths)</b> <input type="radio"/>		<b>EXECUTIVE 12+ (Nil Excess -12 mths)</b> <input type="radio"/>	
<b>POLICY HOLDERS NAME IF INSURANCE IS REQUIRED</b> <input type="text"/>			

### 2. DETAILS OF THE PROPERTY TO BE RENTED

This section should be completed by the **LETTING AGENT** in **BLOCK CAPITALS**

POSTCODE <input type="text"/>	HOUSE NUMBER <input type="text"/>	FLAT NUMBER <input type="text"/>	HOUSE NAME <input type="text"/>
STREET <input type="text"/>		DISTRICT <input type="text"/>	
TOWN <input type="text"/>		COUNTY <input type="text"/>	
PROPERTY TYPE <input type="text"/>	RENT PER MONTH £ <input type="text"/>	START DATE <input type="text"/>	RENTAL TERM <input type="text"/>
PROSPECTIVE LANDLORDS NAME <input type="text"/>		CONTACT NUMBER <input type="text"/>	
PROSPECTIVE LANDLORDS ADDRESS <input type="text"/>			

### 3. COMPANY DETAILS

This section should be completed by the **COMPANY** in **BLOCK CAPITALS**

Full Company Name		<input type="text"/>	
Contact Name	<input type="text"/>	Position	<input type="text"/>
Company Registration Number	<input type="text"/>	Date of Formation	<input type="text"/>
Current Business Address			
<input type="text"/>		Postcode	<input type="text"/>
Period at Address <input type="text"/>			
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email <input type="text"/>			
Do you own the property	Yes <input type="radio"/>	No <input type="radio"/>	Commercial Tenant Yes <input type="radio"/> No <input type="radio"/>
Has the Company any Adverse Credit History		Yes <input type="radio"/>	No <input type="radio"/>
If YES please give details on a separate sheet.			

### 4. HOLDING COMPANY DETAILS

This section should be completed by the **COMPANY** in **BLOCK CAPITALS**

Full Company Name		<input type="text"/>	
Contact Name	<input type="text"/>	Position	<input type="text"/>
Company Registration Number	<input type="text"/>	Date of Formation	<input type="text"/>
Current Business Address			
<input type="text"/>		Postcode	<input type="text"/>
Period at Address <input type="text"/>			
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email <input type="text"/>			
Do you own the property	Yes <input type="radio"/>	No <input type="radio"/>	Commercial Tenant Yes <input type="radio"/> No <input type="radio"/>
Has the Company any Adverse Credit History		Yes <input type="radio"/>	No <input type="radio"/>
If YES please give details on a separate sheet.			

**5. MANAGING AGENT DETAILS**  
(For previous or existing company lets)

This section should be completed by the **COMPANY** in **BLOCK CAPITALS**

Landlord/Letting agents name <i>This is who you pay your rent to</i>			
<input type="text"/>			
Contact name			
<input type="text"/>			
Postcode	House number	Flat number	House name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	District		
<input type="text"/>	<input type="text"/>		
Town	County		
<input type="text"/>	<input type="text"/>		
Phone (daytime)	Phone (mobile)		
<input type="text"/>	<input type="text"/>		
Email	Fax number		
<input type="text"/>	<input type="text"/>		

**6. ACCOUNTANT/AUDITOR DETAILS**

This section should be completed by the **COMPANY** in **BLOCK CAPITALS**

Company/Accountants or Pension Providers Name			
<input type="text"/>			
Postcode	House Number	Flat Number	House Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	District		
<input type="text"/>	<input type="text"/>		
Town	County		
<input type="text"/>	<input type="text"/>		
Contact Name	Contact Job Title		
<input type="text"/>	<input type="text"/>		
Phone (Daytime)	Phone (Mobile)		
<input type="text"/>	<input type="text"/>		
Email	Fax Number		
<input type="text"/>	<input type="text"/>		
How long have they acted for you			
<input type="text"/>			

**7. PROPRIETOR/PARTNER/DIRECTOR DETAILS**This section should be completed by the **COMPANY** in **BLOCK CAPITALS**

Name 1	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>
Contact Number	<input type="text"/>	Date of Birth	<input type="text"/>

  

Name 2	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>
Contact Number	<input type="text"/>	Date of Birth	<input type="text"/>

  

Name 3	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>
Contact Number	<input type="text"/>	Date of Birth	<input type="text"/>

**8. SOLICITORS DETAILS**This section should be completed by the **COMPANY** in **BLOCK CAPITALS**

Practice Name	<input type="text"/>	Contact Name	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

**9. PROPOSED OCCUPIER DETAILS**This section should be completed by the **COMPANY** in **BLOCK CAPITALS**

Mr/Mrs/Miss/Ms	First Name	Middle Name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position in Company	<input type="text"/>		
Are you a smoker	Yes <input type="radio"/>	No <input type="radio"/>	
Do you have any pets (specify)	<input type="text"/>		
Nationality	<input type="text"/>		
Who will pay the utility bills	The Occupier <input type="radio"/>	The Company <input type="radio"/>	

**10. CONSENT**

This section should be completed by the **COMPANY in BLOCK CAPITALS**

You should signify your consent for the check by marking the boxes next to the text and signing the box below

The information, which I have given in my Application Form, is true to the best of my knowledge. I consent to this information being verified by fair and lawful means, which I understand will involve contacting referees and licensed credit reference agencies. I understand the resulting verified information would be forwarded to the letting agency and / or to the landlord. The results may also be accessed again if I apply for a tenancy in the future.

I consent to Rentshield Direct searching information held by credit reference agency and agree that Rentshield Direct and the credit-referencing bureau will keep a record of that search and the results from that search. The results of that search may show how I conduct my payments including rental payments and this may also be disclosed to the agency and may affect future credit applications from me and/or from members of my household and from time-to-time such information may be used for debt tracing and fraud prevention.

I hereby expressly consent to my personal details, including all recorded details in this application form, and any forwarding address(es) at the determination of any tenancy being passed to the landlord and / or to the utility companies and / or to the local authority.

Otherwise all information will be treated as confidential.

I consent to the information contained in my Application Form being used by Rentshield Direct and other members of Rentshield Direct to notify me of other products and services as appropriate.

I agree that information supplied by me will be held in accordance with the Company's notification under the Data Protection Act 1998. That you may record sensitive data as defined in the Data Protection Act 1998 and I understand that I have the right to ask for a copy of the information held about me subject to the payment of an administration fee that will be notified to me upon application, though it will not exceed the amount set by statute. I have the right to request that the information on me be amended if it is found to be incorrect. I also consent to passing the results of any such search or assessment to my prospective landlord(s) for the purpose of assessing this application.

Signed for and on behalf of the company

Print Name

Position Held

Date: (DD/MM/YYYY)