



STEPPING STONES COMPANY APPLICATION FORM

AGENT/OFFICE USE ONLY:

NO OF PAGES TO THIS REFERENCE INCLUDING CONTINUATION SHEETS

FULL REFERENCE

Is Rent Guarantee Protection Required?

Gold Protection 6 months 12 mths (PAYE ONLY)

AGENTAGENT ID NO.....

Platinum Protection 6 months 12 mths

CONTACTTel:

Landlord's Name

Property Address Applied For (please complete + include full postcode)

Landlords Tel

Inception Date

Postcode

ABOUT THE PROPERTY YOU WISH TO RENT

(Please complete ALL sections of this box)

Total Rent per Month for the Property £ . Total Rent per Month per Applicant £ .

Rental Period Proposed Tenancy Commencement Date: / /

NAMES OF ALL OCCUPIERS OF THE PROPERTY.

First Names (Mr/Mrs/Ms) Delete as appropriate Surname

.....
First Names (Mr/Mrs/Ms) Delete as appropriate Surname

.....
First Names (Mr/Mrs/Ms) Delete as appropriate Surname

THIS SECTION MUST BE COMPLETED IN FULL. (Please complete ALL sections of this box)

PLEASE COMPLETE THIS APPLICATION FORM FULLY IN INK AND IN BLOCK CAPITALS OR THIS MAY CAUSE DELAYS IN PROCESSING YOUR APPLICATION. Please use the checklist sheet provided to help you attach all the relevant information with your application.

Company Status: Public Ltd Private Ltd Partnership Sole Trader Proprietor Other

If Limited or PLC please provide Company Registration Number.

Date of Company Formation.

COMPANY DETAILS (Please complete ALL sections of this box)

FULL COMPANY NAME:

CONTACT NAME..... POSITION

COMPANY ADDRESS:

Postcode (Essential):

Telephone: /

Fax: /

Email address.....

Period at Address: Years Months

COMPANY ACCOUNTANTS DETAILS (Please complete ALL sections of this box)

Please notify your Accountants that enquiries will be made to verify this information)

Accountants Name

Address

Postcode (Essential):

Tel No: / Fax No: /

Client No / Partner or other Reference with Accountants

PROPRIETOR / PARTNER / SOLE TRADER DETAILS –

Name /

Home Address

Postcode (Essential):

Tel No: / Fax No: /

Name /

Home Address

Postcode (Essential):

Tel No: / Fax No: /

TRADE REFERENCES (Minimum 6 months £100 credit per month)

Company Name Address.....

Tel: / Fax : /

Contact Email Address. Credit Limit..... Time with supplier Years Months

Company Name Address.....

Tel: / Fax : /

Contact Email Address. Credit Limit..... Time with supplier Years Months

Company Name Address.....

Tel: / Fax : /

Contact Email Address. Credit Limit..... Time with supplier Years Months

I hereby authorise LetSafe to make any enquiries considered necessary to substantiate information supplied on this application, I authorise you or your assessment company to disclose any information about me and my account to any credit reference agency and/or any other tenancy database who may retain a record of such a search. This information is used to help me make credit, insurance, rental and property decisions and occasionally for fraud prevention or debtor tracing. I give my permission to take up all necessary references and that these may be shown to a Landlord and / or their lender. I confirm that the information supplied is to the best of my knowledge and belief, true.

PLEASE NOTE: A SIGNED CONSENT FORM **MUST** ACCOMPANY THIS APPLICATION.

© LetSafe (UK) Limited 2005

Signature of Applicant.....

DATE