

LETTING AGENT APPLICATION



Company Details

Full Company Legal name:

Trading Name:

Trading Address:

Postcode:

Company Tel No:

Company Fax No:

Company Website:

Contact Name:

Contact Email Address:

Contact Tel No:

Company Registered Address: (if different from trading address)

Postcode:

Date Business Established:

Date of Trading Year End:

Company Type: Limited

Company Reg No

PLC

Company Reg No

Partnership

Senior Partner Name

Sole Trader

Senior Partner Name

LLP

Senior Partner Name

please tick



Business Information

How did you hear about us?

Have you ever traded under another name:

Y

N

please tick

If yes, please state name:

Are you directly Authorised by the FSA:

Y

N

please tick

If yes, please quote your Firm Reference Number:

How many branches do you operate including this one:

Approx number of all staff/employees:

Approx how many properties do you manage:

Do you hold Professional Indemnity Insurance:

Y

N

please tick

If yes: Insurer Name:

Start Date:

Expiry Date:

Cover Limit:

Excess:

Which of our products interest you: Landlord Insurance

Please tick as many boxes as you wish

Rent Guarantee Insurance

Professional Indemnity Insurance

Other Insurance/Services

Other: (please state)

Has any controlling Shareholder, Director, Proprietor, Partner or the Business itself:

Had any insurance agencies or services cancelled, suspended or refused ?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Been declared bankrupt ?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Been subject to receiving a County Court Judgement ?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Been convicted of a criminal offence other than motoring offences ?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Been or is subject to any disciplinary proceedings by the FSA ?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Been or is currently under any form of investigation ?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Been or is currently disqualified from holding directorships ?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

If yes to any questions, please provide full details: (Use extra sheet if required)

Blank area for providing details for 'Yes' responses.

The information given in this application is correct and no material information has been withheld:



Sign here:

Print full name:

Date:



Commission Payments

Please enter the details of the bank account you would like your commission paid into via BACS:

Bank Name:

Account Name:

Bank Account Number:

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Bank Sort Code:

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What Happens Next

Please check to ensure that you have entered all the correct information and you have signed the application.

The completed application should be returned to us at:

**Just Landlords
Agency Department
30-34 Hounds Gate
Nottingham
NG1 7AB**

Once we have received your completed application we will confirm receipt to you by email. We will then process your application and prepare our standard Introducers Terms of Business Agreement for you to sign.

When the Introducers Terms of Business Agreement has been signed and returned to us we will then provide you with a username and password so you will be able to log-in to the website and start using all the services we have agreed to supply.

Thank you for wishing to become one of our valued agents.



Just Landlords - 30-34 Hounds Gate, Nottingham, NG1 7AB
Tel: 0115 950 5056 Fax: 0115 950 5057
Email: enquiries@justlandlords.co.uk

Just Landlords is authorised and regulated by the Financial Services Authority.