

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. 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. Letsure is a trading name of Barbon Insurance Group Limited and for the purposes of this application, Barbon will be the Data Controller as defined by the Data Protection Act 1998.

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 Postcode

Total Rent £ Per week / month (delete as appropriate)

Tenancy Commencement Date Period



Part B:

To be completed by the applicant

Mandatory for all assessments.

Please state full names of all occupiers of the property

	First Name	Middle Name	Surname	Share of Rent
Tenant 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Tenant 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

Company Details:

Full Company Name

Contact Name Position Held

House Number / Name Flat Number / Name

Street

Town District

County Postcode

Telephone (including STD code)

Fax Number Period at Address

Email Address (business only)

Please tick as appropriate:

Public/ Private Ltd Charity Partnership/
Sole Trader Foreign Company Limited Liability
Partnership (LLP) Other

If limited, charity, PLC or LLP please provide registration number

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 Number / Name

Street

Town District

County Postcode

Telephone (including STD code)

Fax Number

Email Address (business only)

Bank / Buildings society details:

Organisation Name		Address Number / Name	
Street			
Town		District	
County		Postcode	
Telephone (including STD code)			
Fax Number		Account Name	
Account Number		Sort Code	

Partnership/Sole Trader/Proprietor/Other Details

Please complete

Partner 1 Name		Maiden Name	
Date of Birth		Address Number / Name	
Street			
Town		District	
County		Postcode	
Telephone (including STD code)			
Fax Number			
Email Address			

Partner 2 Name		Maiden Name	
Date of Birth		Address Number / Name	
Street			
Town		District	
County		Postcode	
Telephone (including STD code)			
Fax Number			
Email Address			

Trade reference 1 Company			
Contact Name		Address Number / Name	
Street			
Town		District	
County		Postcode	
Telephone (including STD code)			
Fax Number			
Email Address (business only)			

Trade reference 2 Company

Contact Name Address Number / Name

Street

Town District

County Postcode

Telephone (including STD code)

Fax Number

Email Address (business only)

NB Please authorise your trade contact to provide a reference.

Part C:

To be completed by the applicant company.

Mandatory for all assessments.

Please read the declaration and sign and date below.

I confirm that the information which I have given in my application form is to the best of my knowledge true and accurate. I acknowledge and agree to Letsure carrying out searches to verify such information. I hereby authorise my accountant/auditor/trade referee/other referee (**delete as appropriate**) to provide details of the company's earnings and suitability to Letsure for the purposes described below via electronic, telephonic or written communication. Including outside the EU where applicable.

I understand and consent to Letsure providing the company's data to my accountant/auditor/trade referee/other referee (**delete as appropriate**) during the referencing process. These checks may include:

- Contacting any referee detailed in my application;
- Consulting with credit referencing agencies; and
- Consulting with other third party tenancy database providers, such as Insurance Database Services Limited (who operate the Claims and Underwriting Exchange (CUE)).

In connection with my application I acknowledge and agree that:

- When documentation in connection with this referencing application has been sent via electronic means there is no guarantee of privacy as email can be intercepted;
- Letsure and any third party may keep a record of any search carried out to verify the information I have provided;
- Letsure may pass on any information I have supplied and the results of any linked verification checks to the letting agent and/or any appointed landlord;
- If I default on paying my rent the default will be recorded on Letsure's central database for defaulting tenants and that such default may affect any future application I may make for tenancies, credit and/or insurance;
- Letsure can use debt collection agencies or tracing agents to trace my whereabouts and recover any monies I owe to Letsure; and
- Letsure may otherwise release my personal data where they are required to do so by law and may pass my personal data, including any forwarding address I may provide to a utility company to ensure that any outstanding bills or credit on utility accounts are paid or received by me

The provisions of Section 17 of the Housing Act 1996 will apply to this application. If any information within this application is found to be untrue it will be grounds to terminate the tenancy agreement.

Signature Position in Company

Date

Following the completion of your references we may contact you by post or by phone to let you know about additional services we can offer that may be of interest to you. We will only use your details for up to 90 days and your details will NOT be passed to any other company outside of the Barbon Insurance Group. If you do not wish us to contact you, please tick this box.

Please note that you can contact us to unsubscribe at any time by calling us on 0800 0358242.

Please tick to confirm that you are happy to receive further information about Barbon's products and services by email or SMS.

The information contained within this application is being transmitted to and is intended only for the use of Letsure. If you are 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 0330 3337060 and delete this application from your system.