

Comprehensive Application Form

In order for the application to be processed quickly, please complete in BLOCK CAPITALS and ensure the application is completed in full. All sections marked with * are mandatory information.

Agent Details

Name of agent:	
Branch number:	Contact name :
Locality:	Phone number:

Property Details

Postcode* :	House number:
Flat number:	House name:
Street*:	District:
Town*:	County:

Rental Details

Number of tenants moving into the property?:	
Share of rent per month* :£	Total rent per month* :£
Tenancy term (months)*:	Start Date*:

Applicant Details

Title*:	Mr	Miss	Mrs	Ms	Other
First Name*:					Initial:
Surname*:					Date of birth*:
Sex*:	Male	Female	No of dependants*:		
Marital Status*:	Single	Married	Divorced	Separated	Widow(er)
Any previous surnames:					
Employment Type*:	Full time employed	Part time employed	Temporary/Contract	Unemployed	
	Self-Employed	Retired	Student	Housewife/Home maker	Payment in advance

Employment status*:	Junior	Management	Unskilled	Supervisor	Semi-skilled
	Skilled	Senior Management	Other	Not applicable	
Occupation*:					
Can we contact the applicant?*	Yes	No	Home phone number* :		
Work phone number:		Mobile phone number:			
Email Address:					

Affordability Details

Gross annual income*: £	Any additional sources of income?*	Yes	No
Amount of additional income per annum?*: £			
Please provide details of any additional income*:			

Employer Details

Is your employment likely to change shortly*? Yes No If Yes please provide details of your future employer	
Job Title:	Start date*: Month - Year -
Employers company name*:	
Payroll number:	
Contact name*:	Contact job title:
Postcode:	Building number:
Unit number:	Building Name:
Street:	District:
Town*:	County:
Daytime phone number*:	Mobile phone number:
Fax number*:	Email address*:
Please ensure you provide either a fax number or email address.	
Additional Information:	

Accountant Details

Do you have an accountant?*: Yes No If **No** Please provide 6 months bank statements showing proof of income

Accountants name*:

Contact name*:

Postcode:

Building number:

Unit number:

Building name:

Street:

District:

Town*:

County:

Daytime phone number*:

Mobile phone number:

Fax number*:

Email Address*:

Please ensure you provide either a fax number or email address.

Additional Information:

Pension Providers Details

Do you have proof of pension?* Yes No If **Yes** please provide your annual statement of pension

Pension providers name*:

Contact name:

Pension reference number*:

Postcode:

Building no:

Unit number:

Building name:

Street:

District:

Town*:

County:

Daytime phone number*:

Fax number:

Email address:

Additional information:

Current Address – Please complete all address details where appropriate

Postcode*:

House number*:

Flat number:

House name*:

Street*:

District:

Town*:

County:

Is this a Foreign address?* Yes No

Time at address From*: Month -

Year-

To: Month -

Year -

Living status*:

Furnished Tenant

Unfurnished Tenant

Own home

Living with parents

Other

Please supply addresses to cover your last 3 years of residency

Previous Address – Please complete all address details where appropriate

Postcode:	House number*:
Flat number:	House name*:
Street*:	District:
Town*:	County:
Is this a Foreign address?*	Yes No
Time at address From*:	Month - Year- To: Month - Year -
Living status*:	Furnished Tenant Unfurnished Tenant Own home Living with parents Other

2nd Previous Address – Please complete all address details where appropriate

Postcode:	House number*:
Flat number:	House name*:
Street*:	District:
Town*:	County:
Is this a Foreign address?*	Yes No
Time at address From*:	Month - Year- To: Month - Year -
Living status*:	Furnished Tenant Unfurnished Tenant Own home Living with parents Other

Landlord details or Previous landlord details

Landlord / Agent name*:	Contact name*:
Postcode:	Building number:
Unit number :	Building name:
Street:	District:
Town*:	County:
Daytime phone number*:	Mobile phone number:
Fax number:	Email address:
Additional Information:	

Bank Details

How many credit cards held?*	Current account held?*: Yes No If Yes please enter the details below
Sort code*:	Name of bank*:
Account name*:	Account number:
Address*:	
Time with bank*: (years)_____ (months)_____	Cheque guarantee card held*: Yes No

Additional Information

Will any of the tenants have pets?*	Yes	No
Will any of the tenants smoke?*	Yes	No
Will there be any children living at the property?*	Yes	No

Please ensure that you have completed all fields indicated * as failure to do this may result in a delay in producing your report.

Consent

We will use the information provided to us by third parties to make decisions about your application. Agencies may supply to us, public information and/or fraud prevention information.

Information provided to Endsleigh may be supplied to other organisations and used by them and us to

- A. Verify your identity for this application and if you apply for other facilities including all types of insurance applications and claims.
- B. Check all or any of the application details which have been submitted.
- C. Assist organisations to make decisions on tenancy applications by you

By **confirming your agreement to proceed** you are accepting that we may use your information in this way.

Signed:

Date:

Endsleigh* offer specialist contents insurance for people in rented accommodation and as a service will contact the applicant to discuss insurance requirements.

If you do not wish to be contacted please tick here

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