

## Guarantor 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

Guarantor for which tenant(s)*:	
Share of rent per month*: <p>£</p>	Total rent per month*: <p>£</p>
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 <b>Yes</b> 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 <b>No</b> 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 <b>Yes</b> 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:			

**Please supply addresses to cover your last 3 years of residency****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

**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

**2<sup>nd</sup> 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	

**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

The information contained within this application is being transmitted to and is only for the use of Experian. If the reader of this message is not the intended recipient, you are hereby advised that any dissemination, distribution or copy of this application is strictly prohibited. If you receive this application in error, please immediately notify us by calling

\*Endsleigh Insurance Services Limited is authorised and regulated by the Financial Services Authority.  
This can be checked on the FSA Register by visiting its website at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register).  
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