

Instant 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	
Share of rent per month*: £	Tenancy term (months)*:
Total rent per month*: £	Start Date (dd/mm/yyyy)*:
Applicants Details	
Title*:)F
First Name*:	Full Middle Name:
Surname*:	Date of birth*:
Sex*: □ Male □ Female	No of dependants*:
Marital Status*: ☐ Single ☐ Married ☐ Divore	ced 🗆 Separated 🗆 Widow(er)
Any previous surnames*:	Email address *:
Can we contact the applicant?* Yes □ No □	Home phone number*:
Work phone number:	Mobile phone number:
National Insurance Number:	
Have you had any detrimental info registered again If Yes, Please provide details:	inst you? Yes □ No □

Please supply addresses to cover your last 3 years of residency

Current Address — Please complete all address details where ap	propriate		
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 Ten	ant □ Own home □ Living with parents □ Other		
Previous Address — Please complete all address details where a	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 Ten	ant □ Own home □ Living with parents □ Other		
2 nd Previous Address — Please complete all address details wh	nere appropriate		
	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 Ten	ant □ Own home □ Living with parents □ Other		
Employment Details			
Employment Type*:			
Employment status*: ☐ Junior ☐ Management ☐ Unskilled ☐ Supervisor ☐ Semi-skilled ☐ Skilled ☐ Senior Management ☐ Other ☐ Not applicable			

Affordability Details				
Gross annual income*: £		Any add	tional sources of income?*:	Yes □ No □ If Yes Please provide below
Amount of additional income	per annum?* £			
Please provide details of any	/ additional income*:			
Bank Details				
How many credit cards held?	?*:	Current	account held?*: Yes □ No lf Yes pleas	O □ e enter the details below
Sort code*:		Name of	bank*:	
Account name *:		Account	number:	
Address *:				
Time with bank*: (years)	(months)	Cheque	guarantee card held*: Ye	es 🗆 No 🗆
L				
Next Of Kin				
First Name:	Surname:		Relationship:	
Postcode:	House/Flat Number	House/Flat Number/Name: Street:		
District:	Town:		County:	
Home Phone:	Mobile Number:		Email Address:	
Additional Information	2 1 2 1 1 1 1 1 1 1 1 1 1	1 2 1 1 1	A	04
Have you ever received any Yes □ No □ Not Asked □ If Yes please enter the details	County Court Judgments of	or Individuai	Voluntary Arrangements aga	ainst you?^
Have you ever been declared	d bankrupt?*			
Yes □ No □ Not Asked □ If Yes please enter the details				
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 □	
Names of Children		Date of	Birth	

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 Experian Ltd 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:

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

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