

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

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

Bank Details

How many credit cards held?*	Current account held?*: Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>

Additional Information

Will any of the tenants have pets?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will any of the tenants smoke?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will there be any children living at the property?*	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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