

POWER OF ATTORNEY - If you have given a full or limited Power of Attorney, please give details below and supply us with a copy of the documentation.

Name	Address
<input type="text"/>	<input type="text"/>
Telephone No	<input type="text"/>
<input type="text"/>	<input type="text"/>

NOTICE TO LANDLORDS

Wherever possible, instruction books or leaflets for the operation of heating systems, appliances etc should be left in a prominent position in the property. If these are not available and it is necessary to seek the advice of an engineer or contractor then a charge may be made.

PROPERTY MANAGEMENT OFFICE

The office which will handle the management of your property is:

BANK DETAILS FOR RENT TRANSFER

BANK PAYMENT DETAILS	
Name of Bank/Building Society	Account Type
<input type="text"/>	<input type="text"/>
Address	Sort Code
<input type="text"/>	<input type="text"/>
Post Code	Account No
<input type="text"/>	<input type="text"/>
Full Name of Account	Ref No (if applicable)
<input type="text"/>	<input type="text"/>

NON-RESIDENT LANDLORDS

If you or any joint owner will be classified as a non-resident Landlord for tax purposes you will need a F.I.C.O. Tax exemption if you wish to receive your rent with no tax deducted. Please note that non-resident Landlords who do not obtain such an exemption will be subject to an additional quarterly charge. Details available on request.

Are you or any joint owner likely to spend over 6 months abroad in any year YES NO

Have you applied for Tax Exemption nominating us as your Agent? YES NO

TAX ADVISOR/ACCOUNTANT DETAILS *If none, please write n/a in name box*

TAX ADVISOR/ACCOUNTANT DETAILS	
Name	Address
<input type="text"/>	<input type="text"/>
Company	<input type="text"/>
<input type="text"/>	<input type="text"/>
Telephone No.	Fax No.
<input type="text"/>	<input type="text"/>
<input type="text"/>	Post Code
<input type="text"/>	<input type="text"/>

DECLARATION

I/We declare that this information is factual and may be relied on in the management of my property.

Signed (on behalf of all joint owners)

Name Date

Malcolm Gold

Property Sales & Lettings



Important Information for • Letting & Management

PLEASE COMPLETE THIS FORM IN BLACK INK USING BLOCK CAPITALS WITH AS MUCH DETAIL AS POSSIBLE TO ENABLE US TO MANAGE YOUR PROPERTY EFFECTIVELY.

PROPERTY TO BE MANAGED

Address	Telephone No.
<input type="text"/>	<input type="text"/>
<input type="text"/>	Post Code
<input type="text"/>	<input type="text"/>
Which boundaries, fences and walls are your responsibility?	<input type="text"/>
Location of garage or parking space	<input type="text"/>

BUILDINGS INSURANCE - *Please provide us with a copy of this policy.*

Company	Policy Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	Renewal Date
<input type="text"/>	<input type="text"/>
Address	Telephone No
<input type="text"/>	<input type="text"/>
<input type="text"/>	Fax No
<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>

CONTENTS INSURANCE - *Please provide us with a copy of this policy.*

Company	Policy Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	Renewal Date
<input type="text"/>	<input type="text"/>
Address	Telephone No
<input type="text"/>	<input type="text"/>
<input type="text"/>	Fax No
<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>

OTHER INSURANCE - *Please provide us with a copy of this policy.*

Company	Policy Number
<input type="text"/>	<input type="text"/>

Note: If you require us to pay the renewal premiums out of rent received you must ensure the Insurance Companies redirect the renewal papers to our Office.