



## Company Assessment Application Form

Part A should be completed by the branch. Parts B and C are to be completed by the company. Please complete this Application Form in **BLACK INK** using **BLOCK CAPITAL LETTERS**. Once fully completed please return to your local branch.

### Part A To be completed by the branch *(mandatory for all assessments)*

Branch Name	<input type="text"/>	TLC Username/ Cost Centre	<input type="text"/>
Contact Name	<input type="text"/>		
Contact Telephone Number	<input type="text"/>		

**Complete Parts:** *please tick to highlight which parts you are completing*

Company Credit Check

A B C

### Property Details

House Number / Name	<input type="text"/>		
Flat Number / Name	<input type="text"/>		
Street	<input type="text"/>		
Town	<input type="text"/>		
District	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
Total Rent	£ <input type="text"/>	Per week / month <i>(delete as appropriate)</i>	
Proposed Tenancy Commencement Date	<input type="text"/>	Period	<input type="text"/>
Does the Landlord have resident landlord status?	Yes <input type="radio"/>	No <input type="radio"/>	

#### Confidentiality Note

Once fully complete, please transfer to [www.tenant-letting-check.com](http://www.tenant-letting-check.com). The information contained within this application is being transmitted to and is intended only for TLC. If the reader of this message is not the intended recipient, you are hereby advised any dissemination, distribution or copy of this is strictly prohibited. If you receive this application in error, please immediately notify us by calling **0870 034 8586**.

**Part B To be completed by the applicant company** (mandatory for all assessments)

Please complete ALL boxes.

**Company Details**

Full Company Name	<input type="text"/>		
House Number / Name	<input type="text"/>		
Flat Number / Name	<input type="text"/>		
Street	<input type="text"/>		
Town	<input type="text"/>		
District	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
Daytime Telephone*	<input type="text"/>	Fax Number*	<input type="text"/>
Email Address*	<input type="text"/>		

**Company Type**

Public Ltd	Private Ltd	Partnership	Sole Trader	Proprietor	LLP	Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Private Ltd or PLC please provide registration number

Approximate date of company formation

**Please give the names of all occupiers moving into the property**

	First Name	Middle Name	Surname	Relationship
Tenant 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tenant 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tenant 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tenant 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tenant 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tenant 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Company Contact Details**

Mr/Mrs/Miss/Ms*	<input type="text"/>	Other (please specify)	<input type="text"/>
Surname *	<input type="text"/>		
First Name *	<input type="text"/>	Middle Name	<input type="text"/>
Email Address *	<input type="text"/>	Job Title*	<input type="text"/>

**Partner 1 details** (if you are a Sole Trader, Partnership or Proprietor a personal credit check will be carried out)

Full Name*	<input type="text"/>
Date of Birth*	<input type="text"/>
House Number / Name*	<input type="text"/>
Flat Number / Name*	<input type="text"/>
Street*	<input type="text"/>
Town*	<input type="text"/>
District*	<input type="text"/>
County*	<input type="text"/>
Postcode*	<input type="text"/>

**Partner 2 details** (if you are a Sole Trader, Partnership or Proprietor a personal credit check will be carried out)

Full Name*	<input type="text"/>
Date of Birth*	<input type="text"/>
House Number / Name*	<input type="text"/>
Flat Number / Name*	<input type="text"/>
Street*	<input type="text"/>
Town*	<input type="text"/>
District*	<input type="text"/>
County*	<input type="text"/>
Postcode*	<input type="text"/>

**Details of Accountant or Auditor** (please authorise your accountant/ auditor to provide a reference)

Practice Name*	<input type="text"/>
Office / House Name	<input type="text"/>
Street Number / Name	<input type="text"/>
Town	<input type="text"/>
District	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Contact Name*	<input type="text"/>
Daytime Telephone* (including STD code)	<input type="text"/>
Extension	<input type="text"/>
Fax No.*	<input type="text"/>
Email Address*	<input type="text"/>
How long has this Accountant / Auditor acted for you?	Years <input type="text"/>
	Months <input type="text"/>

**Details of Trade Reference 1** *(please authorise your supplier to provide a reference)*

Name*	<input type="text"/>	
Office / House Name	<input type="text"/>	
Street Number / Name	<input type="text"/>	
Town	<input type="text"/>	
District	<input type="text"/>	
County	Postcode	<input type="text"/>
Contact Name*	<input type="text"/>	
Daytime Telephone* (including STD code)	Fax Number*	<input type="text"/>
Extension	<input type="text"/>	
Email Address*	<input type="text"/>	

**Details of Trade Reference 2** *(please authorise your supplier to provide a reference)*

Name*	<input type="text"/>	
Office / House Name	<input type="text"/>	
Street Number / Name	<input type="text"/>	
Town	<input type="text"/>	
District	<input type="text"/>	
County	Postcode	<input type="text"/>
Contact Name*	<input type="text"/>	
Daytime Telephone* (including STD code)	Fax Number*	<input type="text"/>
Extension	<input type="text"/>	
Email Address*	<input type="text"/>	

**Part C To be completed by the applicant Company (mandatory for all assessments)**

**Company Declaration**

Please read the declaration and sign and date below. WE CANNOT PROCEED WITH THIS APPLICATION IF YOU DO NOT SIGN.

The information, which you have given in this Application Form, should be true to the best of your knowledge. We will verify by fair and lawful means, which will involve contacting referees and licensed credit reference agencies. The resulting verified information will be forwarded to the letting agency and / or to the landlord.

Tenant Letting Check will search information held by credit reference agencies using either a company credit check via Experian or an Individual credit check if trading as a Sole Trader / Proprietor / Partnership or Limited Liability Partnership via Call Credit. Tenant Letting Check and the credit-referencing bureau used will keep a record of that search and the results from that search. The results of any such search or assessment will be passed to the prospective landlord(s) for the purpose of assessing this application.

The law requires that we also verify the identity of all applicants under the Proceeds of Crime Act 2002 and Money Laundering Regulations 2007. Therefore if you are trading as a Sole Trader / Proprietor / Partnership or Limited Liability Partnership then your co-operation and assistance with this is appreciated. We will seek to verify your identity and proof of residency via electronic verification using the CallML online Identity check system (part of Call Credit). However, you may still be required to provide proof of photo ID and proof of residency to the letting agency and / or landlord.

The footprint left by carrying out a CallML search is "Prevention of Money Laundering" this will be visible on your credit file along with a footprint of the credit search, these footprints will have no effect on your credit score or credit worthiness.

In the event of any default by the company in respect of the covenants in its tenancy agreement with its landlord, the information contained herein may be disclosed to TLC and / or one or more tracing companies and / or debt collection agencies in order to recover any monies due or to trace the company's whereabouts.

You acknowledge that we will use your name, address and contact details for the purposes of notifying your council tax, water and energy suppliers at the property and for the purposes of setting up your accounts with them. We will pass these details to Spark Energy Limited who performs these services on our behalf.

Otherwise all information will be treated as confidential.

I confirm that I am an authorised signatory of the applicant company and am duly authorised to make this declaration on its behalf.

Please sign and date the form

**Signature\***  **Date\***

**Print Name\***

**Position in Company\***

Tenant Letting Check (TLC) 2nd Floor, 63 High Street, Grantham, Lincolnshire NG31 6NN Tel 0870 034 8586 Fax 01476 563 606 Web Tenant-Letting-Check.com  
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