



Tenant Referencing Service

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

Number of tenants moving into the property?:

Share of rent per month*:

£

Total rent per month*:

£

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*: <input type="checkbox"/> Junior <input type="checkbox"/> Management <input type="checkbox"/> Unskilled <input type="checkbox"/> Supervisor <input type="checkbox"/> Semi-skilled <input type="checkbox"/> Skilled <input type="checkbox"/> Senior Management <input type="checkbox"/> Other <input type="checkbox"/> Not applicable	
Occupation*:	
Can we contact the applicant?* Yes <input type="checkbox"/> No <input type="checkbox"/>	Home phone number* :
Work phone number:	Mobile phone number:
Email Address:	National Insurance Number:
Do you have any adverse data, for example CCJ's, Voluntary arrangements, etc? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please provide details:	

Affordability Details

Gross annual income*: £	Any additional sources of income?*: Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount of additional income per annum?* £	
Please provide details of any additional income*:	

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 <input type="checkbox"/> No <input type="checkbox"/>	
Time at address From*: Month - Year-	To: Month - Year -
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>	
Time at address From*: Month - Year-	To: Month - Year -
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> Other	

2nd 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 <input type="checkbox"/> No <input type="checkbox"/>	
Time at address From*: Month - Year- To: Month - Year -	
Living status*: <input type="checkbox"/> Furnished Tenant <input type="checkbox"/> Unfurnished Tenant <input type="checkbox"/> Own home <input type="checkbox"/> Living with parents <input type="checkbox"/> 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"/>

Name of Children**Date of Birth**

Next of Kin

First Name:	Surname:	Relationship:
Postcode:	House/Flat Number/Name:	Street:
District:	Town:	County:
Home Phone:	Mobile Number:	Email Address:

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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