CLIENT MONEY PROTECTION (CMP) APPLICATION FORM

IMPORTANT INFORMATION

Applications must be made within 12 months from the date Propertymark was first notified of the company's misappropriation of client money. All information provided will be kept strictly confidential and only used by Propertymark to process your application for compensation.

Please use BLOCK CAPITALS

Full name Police crime reference no Are you a: Landlord Tenant Other If other please state Current Address: Address 1 Address 2 Town County Postcode Phone number Email address You must advise us if any details change. Address to which your application for compensation relates: Address 1 Address 2 Town Postcode Phone number Pemail address You must advise us if any details change. Address to which your application for compensation relates:	Please use BLOCK CAPITA	LS					
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TO BE COMPLETED IF YOU ARE A LANDLORD

Date the agent commenced acting for you						
Rent per calander month						
Please confirm below the months you are seeking compensation for						
Total rent your are seeking compensation for						

Please provide <u>copies</u> of the following documents:

- The tenancy agreement
- Terms of business with the agent
- Bank statements illustrating a pattern of payments and then non-payment by the agent
- The tenant's bank statements illustrating rental payments have been made

Failure to provide all the required documentation may result in your application being rejected.

TO BE COMPLETED IF YOU ARE A TENANT

Are you the sole tenant or a joint tenant?		Sole tenant				☐ Joint tenant					
If you are a joint tenant, please include details of the other tenants.											
Name				Name							
Address 1				Addres	s 1						
Address 2				Addres	s 2						
Town				Town							
County				County							
Postcode				Postcoo	de						
Phone				Phone							
Email				Email							
Name				Name							
Address 1			-	Addres	s 1						
Address 2			-	Addres							
Town				Town							
County				County							
Postcode				Postcoo							
Phone				Phone							
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Data tamanan				Did		:+2		V		NI -	
Date tenancy cor					ı pay a d	-	:-+2	Yes	뮈	No	井
Expected tenancy end date		_	If 'Yes' did you get a receipt? Yes No How much was the deposit?								
Monthy rent				HOW III	uch was	tne depo	SIT!				
Please provide a copy of the tenancy agreement and the following documents if you paid a deposit: Receipt given for the deposit by the agency Tenancy deposit scheme registration certificate Written consent from the landlord of the property that they are content for the deposit to be returned to you. Failure to provide all the required documentation may result in your application being rejected. DECLARATION I confirm that I believe that the information contained within this application is true. Print name											
Signature					Date						

Returning this form

By post to: Propertymark, Arbon House, 6 Tournament Court, Edgehill Drive, Warwick CV34 6LG By email to: cmpapplications@propertymark.co.uk