propertymark

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

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TOOK DE TAILE						
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 det Address to which your ap		ompensatio	on relates	::		
Address 1						
Address 2						
Town						
County				Postcode		
LANDLORDS						
Date the agent commenced	acting for you					
Rent per calander month						
Please confirm below the m	onths you are se	eeking comp	ensation 1	for		
I .						

Please provide copies of the following documents:

Total rent your are seeking compensation for

- 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.

TENANTS

Are you the sole tenant or a joint tenant?	Sole tenant	ole tenant					
f you are a joint tenant, please include details	of the other tenants.						
Name	Name						
Address 1	Address 1						
Address 2	Address 2						
Town	Town						
County	County						
Postcode	Postcode						
Phone	Phone						
Email	Email						
Name	Name						
Address 1	Address 1						
Address 2	Address 2						
Town	Town						
County	County						
Postcode	Postcode						
Phone	Phone						
Email	Email						
Date tenancy commenced	Did you pay a deposit?	Yes	No				
· · · · · · · · · · · · · · · · · · ·							
Receipt given for the deposit by the agenc Tenancy deposit scheme registration certifully Written consent from the landlord of the	y icate property that they are content for the do	eposit to	be returned				
DECLARATION							
confirm that I believe that the information co	ntained within this application is true.						
Print name							
Signature	Date						
County Postcode Phone Email Name Address 1 Address 2 Town County Postcode Phone Email Name Address 2 Town County Postcode Phone Email Date tenancy commenced Expected tenancy end date Monthy rent Polease 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 yo failure to provide all the required documentation may result in your application being rejected. Print name County Postcode Phone Email Did you pay a deposit? Yes No If Yes' did you get a receipt? Yes No How much was the deposit? 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 yo failure to provide all the required documentation may result in your application being rejected. PECLARATION Confirm that I believe that the information contained within this application is true.							