

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

YOUR DETAILS

Full name			
Police crime reference no			
Are you a:	Landlord <input type="checkbox"/>	Tenant <input type="checkbox"/>	Other <input type="checkbox"/>
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			
County		Postcode	

AGENT'S DETAILS

Company name			
Address 1			
Address 2			
Town			
County		Postcode	
Website			

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 copies 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 <input type="checkbox"/>	Joint tenant <input type="checkbox"/>
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If you are a joint tenant, please include details of the other tenants.

Name	
Address 1	
Address 2	
Town	
County	
Postcode	
Phone	
Email	

Name	
Address 1	
Address 2	
Town	
County	
Postcode	
Phone	
Email	

Name	
Address 1	
Address 2	
Town	
County	
Postcode	
Phone	
Email	

Name	
Address 1	
Address 2	
Town	
County	
Postcode	
Phone	
Email	

Date tenancy commenced	
Expected tenancy end date	
Monthly rent	

Did you pay a deposit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' did you get a receipt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 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