

SUPPLEMENTARY INFORMATION FORM
PLEASE COMPLETE THIS FORM IN FULL AND RETURN IT TO YOUR LETTING AGENT

| | |
|--------------------------|-------------------|
| PERSONAL DETAILS: | |
| Name: | Telephone Number: |
| Email Address: | Date of Birth: |

| | |
|---|-----------------------------------|
| BANK DETAILS: Please provide your Bank or Building Society current account details | |
| Bank account number: | Sort Code: |
| Account holder name: | Name of Bank or Building Society: |

| | |
|---|---|
| OTHER OCCUPANTS: Details of other people who will be staying in the property | |
| Number of adults: | Number of children: |
| Are any of the occupants Smokers? | Yes / No - If Yes please provide details: |
| Do you have any pets? | Yes / No - If Yes please provide details: |

| | |
|--|----------------------------|
| EMERGENCY CONTACT: Please provide details of your Next of Kin | |
| Next of Kin name: | Contact Telephone Number: |
| Email Address: | Relationship to applicant: |
| Home Address: | |

DECLARATION

I hereby certify that the information provided is true and accurate and give permission for this information to be verified by third parties and disclosed as detailed above for the purpose of:

Performing a credit search by a third party agency

- Contacting my current, previous employers and referees to confirm the details provided
- Fraud prevention, credit assessment and insurance decisions

I understand that the results of these searches will be provided to the Letting Agent and accessed again in the event of a default in my rental payments. I understand that I can request the details of any credit reference agencies used so that I can verify with them the information provided. I understand that if I default on my tenancy obligations, this information may be released to authorised debt recovery agencies and could affect any future applications I make for tenancies, credit and insurance. I understand that providing false information may lead to early termination of any subsequent tenancy agreement. I am happy for Let Alliance to contact me in respect to this application if required. I have read and agree to be bound by the above terms.

Signed: _____ Date: _____

Delivering Intelligent
referencing and insurance
solutions for letting agents

Head Office
Let Alliance Limited,
Dodleston House,
Bell Meadow Business Park,
Park Lane,
Pulford, Chester,
CH4 9EP

London Office
Let Alliance Limited,
London,
EC3V 3PP

Contact Emails
General Enquiries
info@letalliance.co.uk
Tenant Reference Team
tenant@letalliance.co.uk
Insurance Support Team
insurance@letalliance.co.uk

T: 01244 421261

T: 020 7648 4350

Website
www.letalliance.co.uk

