

Agency Landlord Registration Form

THIS FORM SHOULD BE COMPLETED BY INDIVIDUAL OR COMPANY LANDLORDS AND PASSED TO THEIR MANAGING AGENTS

Please complete the following information and return to your managing agent. You should be aware of your obligations relating to the protection of deposits under Tenancy Deposit Protection legislation and the requirement for deposits taken from tenants to be protected within 14 days from the date you took the deposit.

Member Details

Member Name: Member Number:

Landlord Details

Landlord Full Name: Title: Name:

Address:

 Postcode:

Are you acting as a company? YES NO

Landlord Company Details

Contact Name:

Position within Company:

Company Registration Number (where appropriate):

Company Registered Address

Same as correspondence address? YES NO

Address:

 Postcode:

Financial History

Have you, your company, partnership or trading entity, its directors, partners and/or owners ever been:

- Q1. Convicted of (or do you have a hearing pending for) money laundering, fraud or any other financial crime? YES NO
- Q2. Refused membership of any other tenancy deposit protection scheme whether insurance-based or custodial? YES NO
- Q3. Refused a licence to operate a private rented property as required under the Housing Act 2004? YES NO

Signed: Dated:



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