



106 Merton High Street
London
SW19 1BD
Tel: 020 8715 9444
Fax: 020 8715 9474

Email: enquiries@drakesfield.co.uk
Web: www.drakesfield.co.uk
Company Reg No: 3130947

FIND TENANT ONLY

6% +VAT

RE: (address of property to be let): _____

I/We (Full Name) _____ being owner / or
(please state) _____ of the above property hereby instruct
Drakesfield Management Ltd to act on my/our behalf in arranging a letting on Full
Management basis as outlined in their leaflet TERM OF BUSINESS a copy which I/we
have received.

I/we give full authority to **Drakesfield Management Ltd** to sign any agreements in
respect of the letting of my/our property to tenants in the event of me/us not being
available at the said time to sign such an agreement.

I/we agree to pay fees to **Drakesfield Management Ltd** at the agreed rate whilst
tenants introduced by them are occupying the property and paying rent.

I/we agree to comply with the Fire & Furnishing (Fire) (Safety) (Amendment)
Regulations 1993, the Gas Safety (Installation and use) Regulations 1996, the
Electrical Equipment (safety) Regulations 1994 and Energy Performance Certificates
2008 (EPC). (Please refer to last pages of letting advice pack).

1. My/Our property will be available for letting from _____ until
_____.

2. Rent required £_____ per week/month (please delete) minimum rent acceptable
£_____ per Week/month.

3. Do you require us to prepare an inventory? YES/NO (note a separate charge is
made for this
service).

4. What restrictions do you wish to impose with reference to type of tenant?

5. LANDLORD (YOUR) DETAILS:

Name: _____

Address: _____

_____ Post Code: _____

Tel (home): _____ Mob: _____ Fax No. _____

Tel (work): _____ Email: _____



106 Merton High Street
London
SW19 1BD
Tel: 020 8715 9444
Fax: 020 8715 9474

Email: enquiries@drakesfield.co.uk
Web: www.drakesfield.co.uk
Company Reg No: 3130947

6. Banking arrangements for rents received.

a) Bank Name: _____ Branch: _____

b) Name of Account Holder: _____

c) Account No. _____ Sort Code _____

SIGNED: _____ DATED: _____

Note: We reserve the right to use our discretion on all matters.



106 Merton High Street
London
SW19 1BD
Tel: 020 8715 9444
Fax: 020 8715 9474

Email: enquiries@drakesfield.co.uk
Web: www.drakesfield.co.uk
Company Reg No: 3130947

FULL MANAGEMENT

12%

+VAT

RE: (address of property to be let): _____

I/We(Full Name) _____ being owner / or
(please state) _____ of the above property hereby instruct
Drakesfield Management Ltd to act on my/our behalf in arranging a letting on Full
Management basis as outlined in their leaflet TERM OF BUSINESS a copy which I/we
have received.

I/we give full authority to **Drakesfield Management Ltd** to sign any agreements in
respect of the letting of my/our property to tenants in the event of me/us not being
available at the said time to sign such an agreement.

I/we agree to pay fees to **Drakesfield Management Ltd** at the agreed rate whilst
tenants introduced by them are occupying the property and paying rent.

I/we agree to comply with the Fire & Furnishing (Fire) (Safety) (Amendment)
Regulations 1993, the Gas Safety (Installation and use) Regulations 1996, the
Electrical Equipment (safety) Regulations 1994 and Energy Performance Certificates
2008 (EPC). (Please refer to last pages of letting advice pack).

1. My/Our property will be available for letting from _____ until
_____.

2. Rent required £_____ per week/month (please delete) minimum rent acceptable
£_____ per Week/month.

3. Do you require us to prepare an inventory? YES/NO (note a separate charge is
made for this service).

4. What restrictions do you wish to impose with reference to type of tenant?

5. LANDLORD (YOUR) DETAILS:

Name: _____

Address: _____

_____ Post Code: _____

Tel (home): _____ Mob: _____ Fax No. _____

Tel (work): _____ Email: _____

6. Banking arrangements for rents received.

a) Bank Name: _____ Branch: _____

b) Name of Account Holder: _____

c) Account No. _____ Sort Code _____

7. Are you leaving the UK? YES/NO.

NOTE: For Landlords who are resident overseas we are required under the Taxes Management Act to hold certain funds for any tax that might arise from rental income. We will, though release full funds where we hold an indemnity from your Bank/Accountant or are in receipt of a letter from the revenue asking us not to hold funds.

8. Name and address of Building Society/Mortgage

(Note: they will not be contacted without your prior consent).

9. Name and address of Insurance Company:

INSURANCE (Content)

Name: _____

Address: _____

_____ Policy No: _____

Amount: _____

INSURANCE (Building)

Name: _____

Address: _____

_____ Policy No: _____

Amount: _____

10. Name and address of solicitor: _____

(Note: If not given we reserve the right to instruct our solicitor and deduct costs from your account)

11. Name & Address of Next of kin in the UK:

Name: _____

Address: _____

Relationship: _____

12. Instructions for forwarding post

(A postal charge will be made for redirections outside the UK)

REPAIRS

13. UNLESS OTHERWISE SPECIFIED a contractor able and willing to travel to the property and carry out repair etc, will be instructed on your behalf and the account will be debited from the rental received. If you have any builder, plumber, electrician and appliance engineer etc. please give details on a separate piece of paper.

14. PLEASE INDICATE THE PRECISE LOCATION (S) OF THE INTERNAL/EXTERNAL WATER MAIN STOPCOCK(S):

EQUIPMENT

15. Please set on separate sheet, full details (including receipts or documents) relating to guarantees on the building i.e. NHBC and the contents, i.e. washing machine, refrigerator, cooker etc. Even if guarantees are not applicable, please give manufacturer's name, model no and age of equipment.

16. Do you wish us to pay your closing service account? YES/NO

17. If for any reason you cannot immediately, or if no response is received to an urgent query, is there a representative in this country who will make a decision on your behalf.

18. Is there a 3rd party holding keys?

SIGNED: _____ DATED: _____

***Note: We reserve the right to use our discretion on all matters to protect the interests of your property without prior consent.
On major building work/insurance claim (£1000+) an extra 10% is charged.***



106 Merton High Street
 London
 SW19 1BD
 Tel: 020 8715 9444
 Fax: 020 8715 9474

Email: enquiries@drakesfield.co.uk
 Web: www.drakesfield.co.uk
 Company Reg No: 3130947

TERMS AND CONDITIONS

I Mr/Mrs/Miss _____

Of (your address) _____

Being owner of (Address of property to Let) _____

Wish to confirm my instruction to you that I require **Drakesfield Management Ltd** to act on my behalf in the LETTING or LETTING & MANAGEMENT of the above property.

I agree to pay your fees as printed which may be deducted from the advance deposit/rent as and when required.

If the property is being managed by me then I agree to pay back the tenant the deposit, collected by the Agent, at the outset of the tenancy. This will take place when the tenancy is terminated and the conditions on the deposit receipt are met.

LETTING ONLY	6% of Gross Rent	()
LETTING & MANAGEMENT	12% of Gross Rent	()

I further agree that there will be an initial charge of £50.00 for documentation and administration works for drawing up and arranging for proper execution and signature tenancy agreement in accordance with the Housing Act 1988 (as amended by the 1996 Act) and relevant form of Notice etc to the tenant where required.

In the event of any transaction not being completed owing to my withdrawing these instructions, a fee shall be payable by me to cover the fair and reasonable value of the work carried out and the expense incurred on my behalf.

I further agree to pay your commission equivalent to 1.5% in the event of the tenant(s) or any other party who has been introduced by you enters into contract for the purchase of the Property. This commission is due to you on exchange of contracts and payable to you immediately upon completion.

SIGNED: _____ DATED: _____
 (OWNER OF THE PROPERTY)

Standard rate of VAT will be charged