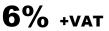


Email: enquiries@drakesfield.co.uk Web: www.drakesfield.co.uk Company Reg No: 3130947

FIND TENANT ONLY



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: _____

man	esfield agement Itd	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 Req No: 3130947
6. Banking arrangements for re	nts 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.



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FULL MANAGEMENT



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

being owner / or
of the above property hereby instruct
my/our behalf in arranging a letting on Full
aflet TERM OF BUSINESS a copy which I/we

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	l.

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: _____



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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 Soci	3. 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)



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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.



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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 $\underline{50.00}$ 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.

 _____ DATED: _____

Standard rate of VAT will be charged