

Declaration by members of TDSRA



On behalf of the LETTING AGENT below, we would like to be passported into the Tenancy Deposit Scheme

Company/Firm		
Head Office address <i>(please type address on one line)</i>		Postcode
Contact address if not at Head Office <i>(please type address on one line)</i>		Postcode
Phone	Email	Fax

The company has a total of branch offices in England and Wales primarily concerned with letting.
(Please list offices on the attached form).

The company arranges lettings p.a. approximately

If a limited company, please give registered number

In the last three years we have received approximately deposit disputes

I/We are fully paid-up members in good standing of: *(please tick as applicable)*

ARLA Law Society NALS NAEA NFRL NLA RLA RICS

Accreditation scheme *(please specify)*

Other *(please specify)*

I/We have the following insurance *(please tick as applicable)*

Name of Insurer

Client Money Protection Amount £

Professional Indemnity Amount £

I/We hold tenancy deposits and other client money in a ring-fenced client account *(please tick as applicable)*

YES NO

Please provide the following bank details for payment to you following an adjudication:

Name of branch		Sort code
Address <i>(please type address on one line)</i>		Postcode
Name of account	Account number	

I/We will submit tenancy data *(please tick as applicable)* electronically on paper

I agree on behalf of myself the company/ firm and my/ our clients:

- 1 I/We will be bound by the rules of the Tenancy Deposit Scheme.
- 2 I/We will provide the information prescribed by statute and regulation.
- 3 I/We will inform the Scheme Administrator promptly if I/we open/close and office/change address (form TDS 7).
- 4 I/We will inform the Scheme Administrator promptly if there are any changes of ownership or tenants during the course of the tenancy (form TDS 8).
- 5 I/We will co-operate with the Independent Case Examiner in his investigation and comply with his determination.
- 6 [If a member of an Approved Body] I/We are not subject to recent or on-going disciplinary procedures
- 7 We give the Scheme Administrator and the Independent Case Examiner permission to copy this form, and other information we may supply concerning our membership of TDS and deposit disputes in which we are involved, *(please tick boxes)*:
 - 7.1 to other parties and organisations the Independent Case Examiner considers may assist him in determining this application.
 - 7.2 to other parties and organisations the Independent Case Examiner considers may assist in the resolution of disputes.
 - 7.3 for use in confidential surveys and research.
 - 7.4 to provide us with information about other services offered by the Company
- 8 Subject to my/our written consent, The Dispute Service Ltd may have access to our credit rating should it determine that it is necessary to process this application.

We accept that the Scheme Administrator can carry out an audit at my/our expense if they reasonably consider that it is necessary to verify the accuracy of my/our returns for the purpose of calculating my/our subscription.

Title (Mr, Mrs, Ms, Dr)	Name	Position
Signed		
Day	Month	Year

For the Scheme Administrator's use only

Membership Ref No.

Decision on application for Passporting into TDS Accepted Rejected

Day Month Year