

# Application for membership Letting Agents



Please note that the Independent Case Examiner may seek to verify the information you provide below. If it is inaccurate, your application may be refused.

I apply for membership of the TDS on behalf of the LETTING AGENT below

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 in Appendix A).*

The company arranges  lettings p.a. approximately

If a limited company, please give registered number

I/We are members of: *(please tick as applicable)*

ARLA\*  Law Society\*  NALS\*  NAEA\*  RICS\*

Accreditation scheme *(please specify)*

Other *(please specify)*

**\* If you are not a member of one of these bodies, please go to Appendix B**

I/We have Professional Indemnity insurance *(please tick as applicable)*

YES  NO *if yes please state amount* £

Name of Insurer

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

YES  NO

I/We have had  deposit disputes in the last three years

**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	

**Have you ever been refused a licence to operate an HMO under the mandatory requirements of the Housing Act 2004?**

Yes

No

**Have you ever been a member of another Tenancy Deposit Scheme?**

Yes

No

**I/We have a written complaints procedure** *(please tick as applicable)*

Yes

No

**I/We will submit tenancy data** *(please tick as applicable\*)*

Electronically

Paper

*\* Please Note: there will be an additional charge for each paper submission, to cover the cost of transcription (please see [www.tds.gb.com](http://www.tds.gb.com))*

**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.

# Appendix A **List of branches**

Name of company/firm

**Branch**

Email

Phone

Address

Postcode

**Branch**

Email

Phone

Address

Postcode

**Branch**

Email

Phone

Address

Postcode

**Branch**

Email

Phone

Address

Postcode

**Branch**

Email

Phone

Address

Postcode

**If there are more branch offices, please supply details on a separate document.**

**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 membership of TDS**

Accepted

Rejected

Signed

*Independent Case Examiner*

Day

Month

Year