

Application for membership Landlords



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 as/on behalf of the LANDLORD below

Name	
Name of business	
Address of business (please type address on one line)	Postcode
Phone	
Email	Fax

The company has a total of branch offices in England and Wales
(Please list offices in Appendix A).

I/We own or manage a total of
residential rented properties in England and Wales

If a limited company, please give registered number

The Company has total assets of more than £25m YES NO

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

RLA NFRL NAL RICS

Accreditation scheme (please specify)

Other (please specify)

I/We have/hold £ in deposits

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

The average life of my/our tenancies is

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

Name of branch	Sort code
Address (please type address on one line)	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)**

I/We hereby submit a letter from my/our Accountants confirming that:

- they have carried out a reconciliation of my/our clients account
- the balance of cash held after allowance for outstanding cheques and uncleared bankings is at least equal to the total liability to clients shown in the clients' ledger accounts.
- I/we/the company has a positive net worth
- the accountant is not aware of any circumstances likely to change this position in the next 12 months
- the reconciliation was carried out no earlier than 6 months before the date I/we completed this form.

If the reconciliation shows a difference the letter should explain the reasons for the difference and the steps being taken to rectify the problem.

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

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