

ACCOMMODATION REGISTRATION FORM

PERSONAL

NAME (MR/MRS/MISS) _____ **DOB** _____

ADDRESS _____

_____ **POSTCODE** _____

NATIONALITY _____ **MOB TEL NO** _____ **NI NUMBER** _____

OCCUPATION _____

EMPLOYER

NAME & ADDRESS _____

_____ **POSTCODE** _____ **TEL NO** _____

FOR THE ATTENTION OF _____

BANK

ADDRESS _____

ACCOUNT NAME _____ **A/C NO** _____ **SORT CODE** _____

PREVIOUS LANDLORD

NAME & ADDRESS _____

ADDRESS RENTED _____

GUARANTOR

NAME & ADDRESS _____

_____ **TEL NO** _____

If the Tenancy fails to be finalised due to the actions of myself, or a lack of cooperation, I will forfeit the deposit paid and be liable to pay the expenses incurred.

By sending this form I authorise BERT-WARD RENTALS to request any information required for a reference in order to take on the tenancy.

Please enclose deposit of £50, unless already paid. (Please note that the process cannot be started until the deposit has been received).

Signed _____ **Date** _____