

# Application Form for Agents



## Application for Membership

Letting and managing agents

### Notes on how to complete this Application Form

#### **IMPORTANT NOTE**

We would like to draw your attention to the fact that from 5th April 2008 mydeposits will only be able to protect deposits which the agent takes and holds on behalf of their landlord clients and keeps in a 'ring-fenced' and segregated client money account. If the agent does not hold the deposit on behalf of their landlord client e.g. they pass the deposit to their landlord client for them to hold, then the responsibility to protect the deposit lies with their landlord client.

mydeposits take no responsibility for protected deposits that the agent does not actually hold in their client money account.

Agents should be aware that if they do protect a deposit that they do not hold, they will be in breach of these new Scheme Rules and we will invoke our agent membership cancellation clause. We will also take legal action against the agent for the provision of the deposit in the event of a deposit dispute.

- This Application Form should only be completed by letting and managing agents who accept the requirement explained above and wish to join the my|deposits Insurance-Based Tenancy Deposit Protection Scheme.
- You can add as many branches to your membership as you wish. A registration fee is payable for each branch. Your main head office will receive all correspondence from the Scheme (including membership information and billing statements) and be responsible for payment of all branch registration, account renewal and deposit protection transactions.
- If you require your branches individually to receive information and/or undertake payment transactions then each of your branches will be required to join the Scheme in its own right. They will need to complete a separate membership application form and pay a separate registration fee.

- All questions must be answered in **BLOCK CAPITALS** using black ink. The Scheme will not accept any application form where questions are answered incorrectly, left blank or are illegible.
- It is a condition of Scheme membership that you:
  - Read
  - Understand
  - And agree to abide by the Scheme Rules of Membership (a copy of these rules is available to read or download from our website [www.mydeposits.co.uk](http://www.mydeposits.co.uk)).

By signing this application form and paying the fees due, you agree to abide by the Scheme Rules. Breach of the Scheme Rules will render your membership invalid and result in deposits not being protected.

- Membership of the Scheme cannot be granted without payment of the membership fee in cleared funds. You will not be able to protect any deposits during this time.
- Membership of the Scheme will not commence until you have received written confirmation from the Scheme.
- If you require further assistance please contact one of our advisors on 0844 980 0290. Please note however that applications for membership cannot be processed by telephone.

#### What you will need to complete this form:

- Your company address
- Your company contact details, including email address
- If applicable, your company registered office and registered number
- If applicable, your trade organisation membership number
- Your cheque book
- An eight letter memorable word, that will be used as a password

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## Section A - Company Information

Q1. Name of Company:

Q2. Contact Name:

Q3. Please state your Head Office correspondence address and postcode. Please ensure that the address you provide is your regular correspondence address. We regret that we cannot accept an application for membership from a company, letting or managing agent that can only provide a PO Box address, OR is registered in the Isle of Man, OR is outside the United Kingdom.

Address:   
  
 Postcode:

Q4. Please provide us with the following contact details (Please tick your preferred method of communication):

Work Telephone:   Mobile Telephone:

Fax Number:

Email:

Q5. Company Registration Number (where applicable)

Q6. Address of Registered Office. We regret that we cannot accept an application for membership from a company, letting or managing agent that can only provide a PO Box address, OR is registered in the Isle of Man, OR is operated from outside the United Kingdom.

Address:   
  
  
 Postcode:

Q7. Please provide the following security information. This will be used by the Scheme to carry out security checks should you need to contact us by telephone. It must be a memorable word or number at least 8 characters long.

Q8. Are you a member of one of the following trade organisations (we reserve the right to check this information against databases held by these organisations).

ARLA  MEMBER NUMBER  UKALA  MEMBER NUMBER

RICS  MEMBER NUMBER  NAEA  MEMBER NUMBER

NALS  MEMBER NUMBER  None

## Section B - Branch Information

**Guidance Notes:** It will be your head office (as detailed in Section A above) that will receive all correspondence from the Scheme (including membership information and billing statements) and be responsible for payment of all branch registrations, account renewals and deposit protection transactions.

**Name of Branch:** If you have many branches then choose a name that will be easy for you to locate within your account eg. 'Colchester Branch' or 'John Lettings (Newcastle)'. Do not add your head office details to the branch list below as it will already have been noted as a branch by default.

**Address:** Please provide full details including postcode (for additional branches please photocopy and attach).

**Primary Contact :** State the name of the person who will control the account.

Branch 1 Name:

Address:

Postcode:

Primary Contact:

Email:

Branch 2 Name:

Address:

Postcode:

Primary Contact:

Email:

## Section B - Branch Information (Continued)

**Branch 3** Name:

Address:

Postcode:

Primary Contact:

Email:

**Branch 4** Name:

Address:

Postcode:

Primary Contact:

Email:

**Branch 5** Name:

Address:

Postcode:

Primary Contact:

Email:

**Branch 6** Name:

Address:

Postcode:

Primary Contact:

Email:

## Section C - Financial Details

**Guidance Notes:** These questions relate to our acceptance criteria and must be answered to the best of your knowledge. We reserve the right to check the validity of your answers with credit and fraud checking organisations. We regret that membership of the Scheme will be declined if you provide an adverse response to these questions or fail to answer them all.

Has your company, partnership or trading entity, its directors, partners and/or owners ever been:

**Q1.** Convicted of (or do you have a hearing pending for) money laundering, fraud or any other financial crime? YES  NO

**Q2.** Refused membership of any other tenancy deposit protection scheme whether insurance-based or custodial? YES  NO

**Q3.** Refused a licence to operate a private rented property as required under the Housing Act 2004? YES  NO

**Q4.** Do you hold deposits on behalf of Landlords? (If no, please go to section D.) YES  NO

**Q5.** Do you keep deposits collected from the tenant (on behalf of a landlord) in a segregated Client Money Account which has no right of set-off, lien or charges by the issuing bank, guarantor or other creditors and is used purely for the purpose of holding client monies? YES  NO

We reserve the right to request evidence of this account in the form of a letter from your bank.

## Section D - Declaration (To be read and signed by all applicants. This declaration must be completed by an authorised signatory)

To the best of my knowledge and belief, the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of relevant facts may entitle the Scheme to void my membership immediately and without appeal.

I have read, understand and accept the Scheme Rules of membership. I agree to abide by the Scheme Rules. I accept that my signature binds me, my estate and my personal representatives.

Signature:  Name:  Date:

Position in Company (if applicable):

To assist us with an analysis of the effectiveness of our marketing activity please advise us how you heard about about my|deposits:

