

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.

SECTION 1 Details of firm 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 Section 4).*

The company expects to register tenancies with TDS p.a. approximately

I/We have/hold £ in deposits

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

The average life of my/our tenancies is

If a limited company, please give registered number

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

- ARLA Law Society NALS NAEA RICS

In order to be eligible to join TDS, you or one of your staff must be a partner, proprietor or director

Please send a copy of your Certificate of Membership with this form

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 Paper*

* Please Note: there will be an additional charge for each paper submission, to cover the cost of transcription *(please see www.thedisputeservice.co.uk)*

SECTION 2 Questions concerning eligibility for membership

Do you have Professional Indemnity insurance? *(please tick as applicable)*

YES

NO

if yes please state amount

£

Name of Insurer

Do you have client money protection bonding? *(please tick as applicable)*

YES

NO

if yes please state amount

£

Name of Insurer

Do you hold tenancy deposits and other client money in a ring-fenced client account? *(please tick as applicable)*

YES

NO

Have you ever been refused a licence to operate an HMO under the mandatory requirements of the Housing Act 2004? *(please tick as applicable)*

Yes

No

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

Yes

No

If yes, which one?

Are you still a member? *(please tick as applicable)*

Yes

No

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

Yes

No

SECTION 3 Compliance with the TDS Rules of membership

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 an 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 investigations and comply with his determinations.
- 6 I/We are not subject to recent or on-going disciplinary procedures of my/our professional body.
- 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.
- 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.
- 9 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

SECTION 4 Additional information

I/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:

For use in confidential surveys and research (please tick as applicable)

Yes No

To provide us with information about other services offered by the Company (please as tick applicable)

Yes No

List of branches

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
Branch	Email	Phone
Address		Postcode

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

For the Scheme Administrator's use only

Membership Ref No.

Decision on application for membership of TDS

Accepted

Rejected

Signed

Day

Month

Year