London Borough of Tower Hamlets Development & Renewal Asset Management

Town Hall, Mulberry Place(AH), 5 Clove Crescent, London E14 1BY

PROSPECTIVE TENANTS DETAILS FORM

r or office asc offig	
LBTH Officer Ref:	
File Ref:	
Data Bassiyad:	

_		
	M + 1 A	lential
		uaniai
\mathbf{v}	HIII	Cillai

1. Details of your offer

Address of premises				Date of applic	ation
Rental offered per year					
Use for which the premises are r (please describe the type of o		vices you i	ntend to sell from	the shop)	
Length of lease requested					
2. Your details					
First name(s)			Surname		
Date of birth			Your National	Insurance No.	
Your present address No. Street		Town		Postcode	
Length of time at this address					
			years		months
Your previous address(if at a No. Street	bove addres	s under 3 y Town	vears)	Postcode	
Length of time at this address			years		months
Your contact details Home	Work		Mobile	Fax	

Are you currently or have you pr If so please state the address ar				vned by the	Council?
Please provide details of any disposition on your account in excess of one		the Council a	as landlord and where	ther at any t	ime there were rent arrears
Are you related to or do you have	e a close personal r	elationship v	vith a Member (Counc	illor) or emp	loyee of the London
Borough of Tower Hamlets? If ye			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Do you own your main residen	ce?	Approxima	ate value?		What is the value of any
YES / NO					outstanding mortgage?
(delete as applicable)	£			£
If you rent your home please	e give your land	lords nam	e, address and yo	ur monthl	y rent
Landlords name			Monthly Rent.		
No Street		Town			Postcode
3. Details of your	proposed	busine	ess		
Proposed trading name			How soon do yo	our expect	to start trading?
		_			
Anticipated Annual Turnover £					
	\/50 (NO				
Will be you registered for VAT?	? YES / NO elete as applicable)		VAT No.		
Diagon provide the following	information wit		liantian form		
Please provide the following A. Business Plan	B. Cashflov				
Existing businesses should	supply the follo	wing infor	mation:-		
Last three years certified ac					
Last three years certilled ac	counts.				
Details of your existing	g Business	status (if applicable)		
4. Sole Proprietor	/Partnersh	ip Lim	ited Compa	ny (Dele	ete as appropriate)
Address of your business					
No. Street		Town			Postcode
Lenth of time in business / Nati	-	-	rent your Business	premises p	olease give your
Landlords name, address and plandlords name	your annuarrent	•	Rent Account No	١.	
No. Street		Town			Postcode
				1	
Do you own your business premises?		If so what	is its value?		What is the value of any outstanding mortgage?
YES / NO					Satstanding mortgage!
(delete as applicable	e)	£			£

	pany please provide the follow	mig imorrianon
Registration No.	Main objects	
Town	Postcod	e
ne Company's Directors and S	Secretary:	
Address	Position	
e tney gave you goods on t	tne account if applicable.	
dress	Monthly turnover	Date credit given
	Town Town Town Address Address es and address of at least of they gave you goods on the second address of a second address of they gave you goods on the second address of	Town Postcod To

Name		Address	Occupation
If you have been provide details of			ve not been in business before please
Name:		Address:	
Employed from		Position:	
May the Council se	eek a reference?		
6. Your bar		nk account.	
6. Your bar Please provide de Bank		nk account. Sort Code	Account No. Date open
Please provide d	etails of your ba Branch		Account No. Date open Will you pay your rent by standing order? YES / NO (delete as applicable)
Please provide de Bank Agreed overdraft lie 7. Details of Please provide to the	Branch of your proche name and a	Average monthly deposits £ fessional advisers	Will you pay your rent by standing order? YES / NO (delete as applicable)
Please provide de Bank Agreed overdraft line 7. Details o	Branch of your proche name and a	Average monthly deposits £	Will you pay your rent by standing order? YES / NO (delete as applicable)

f you intend to instruct a solicitor please provide their name and address.					
Solicito	r's name	Name of firm	Name of firm		
No.	Street	Town	Postcode		
lf you	intend to instruct a su	rveyor please provide their name	and address.		
Surveyo	or's name	Name of firm			
No.	Street	Town	Postcode		
Please electric	sity, gas or telephone bi	ES of three proof of address documents or bank statements etc.			
offices.			, p. cauco ac cga. copcc a. ca.		
require	a rent deposit equivale	arantor for the lease. Note:- if you arent to 3 month's rent. If you are unabent to six month's rental payments.			
Decl	aration				
	rise you to make any C on this form and for cre		you believe necessary to confirm the		
Signed	l		Date		
Status ((eg Principal, Director, Co	mpany Secretary etc.)			

10. Money Laundering

The London Borough of Tower Hamlets operates a strict policy that complies with the 1993 Money Laundering Regulations and the Financial Services and Markets Act 2000. All suspicious transactions will be reported to the appropriate authorities where the Council has reasonable grounds to suspect that an offence has or may be committed.

11. Fraud

The London Borough of Tower Hamlets is under a duty to protect the public funds it administers and to this end may use within the Council the information you have provided on this form for the prevention and detection of fraud. For these purposes it may also share this information with other bodies administering public funds.

I/We understand the London Borough of Tower Hamlets fraud policy and authorise all details obtained in the course of this application to be disclosed to whichever relevant government/public body or other agency that controls or administers public funds as and where it is deemed appropriate by the Council.

Signature of Applicant(s)	
Please print name	Date
12. Identification	
To be exhibited with this application form.	

Banks name	Branch	Address		Postcode
Account name(s)	Acc	count No.	Sort Co	ode
I/Mo horoby givo	consent to the Len	don Borough of Tower H	amlote to obtain	a bank reference
		o deduct your usual fee fo		
Signature(s) of ac	ccount holder(s)			Date

Equal Opportunities Monitoring This information will be treated in the strictest confidence and will be used only for statistical monitoring. London Borough of Tower Hamlets is committed to achieving equality of opportunity as an employer and as a service provider to people who live or work in the borough. The council recognises the disadvantages people may suffer in business opportunities and receiving services. It is the policy of the council to ensure that no customer or applicant receives less favourable treatment because of their race, gender, age, marital status, being a lesbian or a gay man, religion, impairment, being HIV positive or having AIDS, or on any other unjustifiable grounds. All services and departments will be regularly reviewed to ensure that they meet the council's equal opportunities goals. SECTION 1 **Property Details** Property applied for: Where did you hear of this property? SECTION 2 Personal Details Name: Gender Male Female Yes Are you a disabled person? **SECTION 3** Personal Details Please select your ethnic origin from the following: African Asian / African Asian / Pakistani Asian / Bangladeshi Asian / Chinese Caribbean / West Indian United Kingdom Irish Other Countries