

Application for Membership: Individual Terms



This form should be completed by letting agents only. When we receive your form, we will use the details you have provided to give you details of what your membership subscription should be.

Section 1: Your Firm

Your name

Company name (legal entry)

Trading name (if different)

Contact address

Postcode

Correspondence address (if different to head office address)

Postcode

Telephone number

Email address

Website

If a Limited Company, please give registered number

Section 2: Accreditation & Eligibility

I am/We are members of (please tick all that apply)

ARLA NALS RICS

Law Society NAEA TPOS

Approved body membership number

Other approved body or accreditation scheme memberships held, please specify

Do you have Client Money Protection Insurance?

Yes No

If yes, please state amount £

Name of insurer

Section 2: Accreditation & Eligibility

Do you have Professional Indemnity Insurance?

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?

Yes No

The company expects to register _____ deposits with TDS in the next 12 months

The value of these deposits is expected to be £

Do you have total assets of more than £25m?

Yes No

Have you ever been refused a licence to operate an HMO under the mandatory requirements of the Housing Act 2004?

Yes No

Do you have a written complaints procedure?

Yes No

Have you ever been a member of another tenancy deposit scheme?

Yes No

If yes, which one? _____

Are you still a member?

Yes No

Are you a member of a redress scheme?

TPOS Ombudsman Property Services Property Redress Scheme

Why are you applying to TDS?

Section 2: Accreditation & Eligibility

Where did you hear about TDS?

Are you happy for us to publicise your new membership of TDS? We may do this through social media, a blog or a news item on our website and would include links to your website.

Yes

No

Section 3: Declaration

I agree on behalf of myself/the firm and my/our clients:

1. I/We will be bound by the Membership Rules for Lettings Agents and Corporate Landlords and the Rules for the Independent Resolution of Tenancy Deposit Disputes.
2. I/We understand that an annual check with The Letting Partnership is required* (including as part of this application).
3. I/We will provide the information prescribed by statute and regulation.
4. I/We will inform TDS promptly if there are any changes of ownership or tenants during the course of the tenancy.
5. I/We will co-operate with TDS in the event a dispute is referred for adjudication and that the decision of the adjudicator is final and binding.
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7. Subject to my/our written consent, TDS may have access to our credit rating should TDS determine that it is necessary to process this application.
8. I/We accept that TDS 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.
9. I/We undertake to pay any disputed deposit to TDS within ten days of being asked to do so.
10. All deposit registrations will be submitted via the TDS website.

Name _____

Signed _____

Dated / / _____

* The cost of the check will be met by the applicant.

Details of your Branches

So that we can provide you with login details for each of your branches, please let us have details for each of your branches below:

Branch 1 Telephone number

Email address

Postal address

Postcode

Branch 2 Telephone number

Email address

Postal address

Postcode

Branch 3 Telephone number

Email address

Postal address


Postcode


If you have more branches, please provide the details of these separately and attach with your application.

Name _____

Signed _____ Dated / / _____

Contact us

 TDS, 1 The Progression Centre,
42 Mark Road, Hemel Hempstead,
Herts, HP2 7DW

 0300 037 1000

 01442 253 193

 www.tenancydepositscheme.com