MANAGEMENT ACCEPTANCE FORM

I/We hereby appoint Lines & James Limited as my/our Agent to undertake all subsequent management of the property identified below for the duration of the tenancy. I/we confirm I/we have read and understood the Terms of Business and Conditions of Agency to receive rents and to account to my/our bank after deductions of outgoings and management expenses and will make the said property available for letting during the entire term of this agreement.

Property Address	
	Postcode
Telephone No.	
prevent further costs or	nance repairs up to £200 plus VAT or expenditure in excess of this sum required to protect my/our investment with the inability to contact me/us in time, I/we authorise ed with the expenditure without prior reference to me/us.
	Lines & James shall deduct from rental monies due to us, all property related bills and ne period they become due.
DECLARATION	
I/We agreed to be bouncopy thereof. Please pro	and this contract and certify that I/we fully understand the content and have received a oceed with;
(1) Full Management	@ 15%
(2) Rent Collection	@ 12.5%
(3) Finders Service	@ 10% for the first year of a tenancy and thereafter 5% per annum
(4) I confirm I requi	re you to prepare an Inventory. YES / NO
My property is unfurn	ished/furnished (delete as applicable) No. of bedrooms
Cost for Inventory ma in the Terms of Busine	ke to be deducted from the first months rent please see Additional Costs as set out
Signed	
Date	

OWNERS INFORMATION

Please complete this form and return it together with the Management Acceptance Form to Lines & James Limited.

Full Name(s) of Owner(s):						
Address of property to be let:	Landlords Address:					
Telephone No.	Telephone No.					
	Fax No. E-Mail					
	Mobile					
Moone						
Name and address of Solicitor:						
Telephone No. Do th	elephone No. Do they have Power of Attorney? Yes / No					
Name and address of Mortgage Company:						
Name and address of Wortgage Company.						
Telephone No. Mort	Mortgage Account/Roll No.					
Have you obtained consent to let from the mortga	ge lender Yes/No					
If Yes, please provide a copy of the consent.						
If No, please explain why						
N						
Name and address of Accountant:						
Telephone No.						
Name and address of Bank:						
T-11N-	4 NJ					
Ir	ccount Name: ort Code					
Account Ivo.	Couc					
Name and address of relative or other person to contact in case of emergency:						
1						
Telephone No. Do t	hey hold a key? Yes / No					

KEYS TO THE PROPERTY – MINIMUM 3 SETS

Please supply us with three sets of keys before you vacate the property. The remainder of the keys should be left at the property and clearly labelled, e.g. window keys.

BLOCK MANAGEMENT COMPANY:							
Name:							
Address							
Tel No.							
Local Authority for Council Tax :							
Tax Band £							
Stopcock Location:							
Water Rates Authority:	Gas Company:						
Address:	Address:						
Reference No.	Meter No.						
Electricity Company:	Alarm System Contract Company						
Address	Contact						
	Alarm password/no.						
Meter No.	Contract No.						
Buildings Insurance	Contents Insurance						
Company:	Company:						
Address	Address						
Telephone No.	Telephone No.						
Policy No.	Policy No.						
Date premium due	Date premium due						

GENERAL MAINTENANCE: If you would like us to use the services of a particular individual or company whilst you are away please insert their details below:

Electrician	Decorator			
Telephone No. Plumber	Telephone No. Gardener			
Telephone No. Builder	Telephone No. Any other information:			
Telephone No.				
Gas Board Service Contract: Details:				
Contract number:				

GENERAL EQUIPMENT – MAINTENANCE

Please detail below any maintenance contracts/guarantees on the following appliances.

<u> </u>					
WASHING MACHINE					
TUMBLE DRYER					
COOKER					
HOB					
MICROWAVE					
FRIDGE					
FREEZER					
FRIDGE/FREEZER					
DISHWASHER					
CENTRAL HEATING					
POOL CONTRACTORS					
ANY OTHER					
GAS SAFETY REQUIREMENTS: Any Property that has a connection for the supply of Gas either mains to a meter or from a cylinder even though there may be no appliances, is required under law to have a valid annual Gas Safety Certificate provided by a CORGI Registered Gas Engineer in place during the					
term of a tenancy.					
PLEASE CONFIRM: GAS					
The property has a supply of gas		YES / NO	Delete as necessary		
If the answer above is YES:					
I enclose a current Gas Safety Certificate		YES / NO			
I will arrange my own Gas Safety Certificate	,	YES / NO			
I require Lines and James to arrange a Gas Safety Certific	icate	YES / NO			
ELECTRICS I enclose a current Electrical Certificate.		YES/NO			
I will arrange for the electric wiring and electrical appliances to be checked by a qualified electrician.		YES/NO			
I confirm the electric wiring and electrical appliances are safe to use.		YES/NO			
Additional Information:					
Additional information:					