

Agents/Landlords Details Form

Please complete the following application form (Only one form per Agent/Landlord is required)

| Contact Surname: | Mr/Mrs/Ms/Miss |
|---------------------------|-----------------------|
| First Name: | Delete as Appropriate |
| Address: | |
| Address (continued): | |
| Town: | |
| County: | |
| Postcode: | |
| Daytime Telephone Number: | |
| Other Phone Number: | |
| Fax Number: | |
| E-Mail Address: | |

| For Office use only | |
|------------------------------------|-------|
| Agent ref. NoPasswordDate inputted | - |