

RUBIN / LEWIS / O'BRIEN

PROPERTY CLIENT QUESTIONNAIRE

The information requested below is important to enable us to ensure that your details are accurate on our systems. Please ensure that you complete the form accurately.

CLIENT 1	
Title	
Full Name/Company Name	
National Insurance Number/UTR & VAT registration number (company buying)	
Date of Birth	
Full Address	
Home Telephone Number	
Mobile Telephone Number	
Work Telephone Number	
Email Address	
Occupation and Employer	
CLIENT 2	
Title	
Full Name	
National Insurance Number	
Date of Birth	
Full Address	
Home Telephone Number	
Mobile Telephone Number	
Work Telephone Number	
Email Address	
Occupation and Employer	
Please advise how you would prefer to receive written correspondence & documents for signature: <input type="checkbox"/> Post only <input type="checkbox"/> Email only <input type="checkbox"/> Email (documents for signature required by post)	
Can we accept instructions from either of you or do you require all applicants to be consulted? All Applicants <input type="checkbox"/> One Applicant <input type="checkbox"/>	
Please advise how you heard about us:-	
<input type="checkbox"/> You are an Existing Client	
<input type="checkbox"/> Estate Agents (which?)	
<input type="checkbox"/> Financial Advisor (which?).....	
<input type="checkbox"/> Advert (which?).....	
<input type="checkbox"/> Member of Staff (who?).....	
<input type="checkbox"/> Internet which?).....	
<input type="checkbox"/> Recommendation (who?).....	
<input type="checkbox"/> Other.....	

Your Will	
It is important as a Property Owner that you make a Will. Do you wish us to supply you with details and likely costs at no obligation?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Purchase Property	
Purchase Property Address	
Purchase Price:	£
Please advise as to your plans for the Property	<input type="checkbox"/> Live in <input type="checkbox"/> Rent out <input type="checkbox"/> Renovate please provide details:
Are you purchasing any fixtures or fittings? If yes, please provide us with a list	<input type="checkbox"/> Yes and list attached <input type="checkbox"/> Yes and list to follow <input type="checkbox"/> No
Please supply us with full details of any current alterations	<input type="checkbox"/> Loft Conversion <input type="checkbox"/> Extension <input type="checkbox"/> Conservatory <input type="checkbox"/> Removal of Wall(s) <input type="checkbox"/> Garage <input type="checkbox"/> Other
Mortgage Details	
In order for you to purchase the Property is a mortgage: <input type="checkbox"/> Required <input type="checkbox"/> Not Required	
Mortgage Lender	
Name of Broker/Advisor & Contact Details	
Amount	£
Who is arranging your buildings insurance?	

Please supply a postal address for you following completion of your purchase:-

Purchase Address
 Current Correspondence Address
 Other.....

In the event that there are monies due back to you. Please advise how you would like the monies to be sent to you:-

By BACS Transfer (within 3 working days)
 Or
 By Telegraphic Transfer (same day)
 There is an Administration Charge for the telegraphic transfer of £35.00+ VAT

Please complete your bank details below, in an event that there may be monies due back to you

Bank and Branch	
Account Name	
Account Number	
Sort Code	

Please Sign and Date below

Signed (Client 1)	
Signed (Client 2)	
Dated	