



Property Management Questionnaire

Please complete and **return**:

- Property Management Questionnaire
- Our Signed Terms of Business
- Signed and complete Inland Revenue NRL1 Forms (if required) see note below

NB:

If you are planning to be a “Non-Resident in the UK/Overseas” status we must also ask you to complete and sign an Inland Revenue Form NRL1 (please request 2nd copy for spouse). Whilst you are receiving rental income from the property you are liable to pay tax on the rental income. Forms available on request from our Property Management Dept – 01525 402266

Clients Details (*in the event of joint ownership please provide full names of all parties*).

Title	Title
Surname	Surname
Forenames	Forenames
DOB	DOB

Overseas Residential Address

Tel.	Fax.	E-mail
Mobile.		

Overseas Office Contact Details

Tel.	Fax.	Mobile
Email Address.		

Address of Property to be Let/Managed

Postcode	Main Property Tel.
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FOR OFFICE USE ONLY

	YES	NO		YES	NO
Alarmed	<input type="checkbox"/>	<input type="checkbox"/>	Parking Facilities	<input type="checkbox"/>	<input type="checkbox"/>
Keypad	<input type="checkbox"/>	<input type="checkbox"/>	Heating Type	<input type="text"/>	
Gas Check	<input type="checkbox"/>	<input type="checkbox"/>	Porter/Lift	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Check	<input type="checkbox"/>	<input type="checkbox"/>	Accept Pets	<input type="checkbox"/>	<input type="checkbox"/>
1st Inspection	<input type="checkbox"/>	<input type="checkbox"/>	Accept Smokers	<input type="checkbox"/>	<input type="checkbox"/>
Property Type/Age	<input type="text"/>		No. Bedrooms	<input type="text"/>	
Furnished	<input type="checkbox"/>	<input type="checkbox"/>	No. Bathrooms	<input type="text"/>	
Garden/Outside Space	<input type="checkbox"/>	<input type="checkbox"/>	No. Rec Rooms	<input type="text"/>	
Gardener Provided	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="text"/>	

Client Bank & Accounting Details - UK or Channel Islands Only

Accountant and NRL1

Contract	Tax Ref.	Tel.
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Please complete & return the enclosed NRL1 Form. Orchards will submit this to the Inland Revenue in order to receive approval for you to receive the gross rent.

NRL1 completed/returned	YES	NO
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Mortgage Provider (including correspondence address)

Mortgage(s)

Mortgage Account No (s)

Freeholder

Block Manager (if applicable)

Name

Name

Address

Address

Postcode

Postcode

Tel.

Fax

Tel.

Fax

E-mail

E-mail

Are Service Charges & Ground Rent to be paid by Client or Orchards

If to be paid by Orchards please give appropriate cost:

Service Charge £

Ground Rent £

Payment Frequency

Transfer of Utilities

Please provide details of suppliers, account numbers and telephone details

Electricity

Gas

Water

Council Tax

Sewage

What day is refused collected:	Are bins or bags provided:
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Is there mains drainage at the property:	Is there a cesspit:	Is there a septic tank:
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Septic waste collector contractor:	Frequency of emptying:
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Property Telephone Lines

Account number Line 1	Tel. No. line 1
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Provider & Tel. No

Account number Line 2	Tel. No. line 2
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Provider & Tel. No

Account number Line 3	Tel. No. line 3
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Provider & Tel. No

Heating Installation Details

Type

Service Contract No

Boiler Model

Date last service

Service Contractor

Tel

Have you provided the Boiler Instruction Manual	YES	NO
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Immersion Heater	YES	NO
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Oil/Calor gas supplier

Under the Gas Safety Regulations (Installation and Use) 1994 all appliances must be inspected annually by a CORGI registered plumber. Have you had a gas safety check with the last 12 months?

If yes please attach a copy of the certificate when returning this form	YES
If No Orchards will arrange for a gas safety check to be carried out	NO

Location of Meters

Gas	Electric	Water
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Meter No	Meter No	Meter No
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Where is the cold rising main/stopcock located?

Under the Furniture and Furnishings (Fire) Safety Regulations 1988 (as amended 1989 and 1993 all fitted furniture must comply with the Regulations. It is an offence to let out a property containing furniture and furnishing that do not comply. Landlords could face up to six months imprisonment and/or fines up to £5000.

Please confirm whether all furniture complies	YES	NO
Can you provide receipts to verify the above?		

Intruder Alarm Details

Make	Control No	NACOSS approved	YES	NO
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Monitored	YES	NO	Code to Arm	Code to Disarm
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Master Password	Control Panel Location
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Service Contractor

Postcode	Tel No.
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Keys

Are there any other key holders to the property? YES NO

Please provide name & contact details

Are the keys to the property registered (e.g. Banham, Saxon) YES NO

Which keys and how many are provided for Orchards

Which and how many keys are left in the property

UK Emergency Contact

Please provide details of someone we can contact in case of emergency

Name	
Address	
Postcode	Tel.
Mobile	E-mail

Gardener

Name	
Address	
Postcode	Tel.
Mobile	E-mail

Which boundaries are your responsibilities?

Please sketch below if applicable

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Property Maintenance

The upkeep of your property is an important consideration. Do you have any particular maintenance contractors you would like us to use? YES NO

(i.e. plumber, electrician, carpenter, decorator, handyman, gutter cleaner, swimming pool etc)

Trade:	Company	
Tel.	Mobile	E-mail
Trade:	Company	
Tel.	Mobile	E-mail

In the event of these contractors being unavailable Orchards may contact alternative companies at their discretion.

Additional information or property quirks that we should know about

Please submit full details of guarantees and service contracts to Orchards together with the following information.

Appliance	Type/Model	Age	Value	Instruction Manual	Integrated	Gas/Electric
Washing Machine	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES/NO	YES/NO	<input type="text"/>
Dryer	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES/NO	YES/NO	<input type="text"/>
Dishwasher	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES/NO	YES/NO	<input type="text"/>
Cooker	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES/NO	YES/NO	<input type="text"/>
Oven	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES/NO	YES/NO	<input type="text"/>
Hob	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES/NO	YES/NO	<input type="text"/>
Extractor	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES/NO	YES/NO	<input type="text"/>
Microwave Oven	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES/NO	YES/NO	<input type="text"/>
Fridge/freezer	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES/NO	YES/NO	<input type="text"/>
Freezer	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES/NO	YES/NO	<input type="text"/>
Shower Pump	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES/NO	YES/NO	<input type="text"/>
Vacuum Cleaner	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES/NO	YES/NO	<input type="text"/>
Fire	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES/NO	YES/NO	<input type="text"/>
Storage Heater	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES/NO	YES/NO	<input type="text"/>
Lawn Mower **	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES/NO	YES/NO	<input type="text"/>

*(** Garden tools should be provided in unfurnished property if tenants are to maintain grass and borders)*

NOTE: Should this section not be completed fully Orchards cannot be held responsible for any charges incurred for repairs that would have been covered by guarantee or any extended warranty. Instruction manuals should be left in the property for tenant's reference. The client must leave all appliances in full working order.

Notes: