FLS

Tenant Referencing Services

Account No.	
Reference No. (from main form)	

SELF-EMPLOYED SUPPLEMENTARY FORM

Please complete fully all areas of the form in block capitals and tick boxes where applicable. Missing information will cause a delay in referencing.

Applicant's Name | Property

1. BUSINESS DETAILS

Please tick one

- ☐ Sole Trader
- ☐ Partnership
- ☐ Director
- ☐ Other

Trading Name	
Address	
Postcode	
Company Reg. No. (if applicable)	
Date of Formation	
Telephone	
Fax	
E-Mail address	

2. ACCOUNTANT'S DETAILS

Company Name	
Contact Name	
Address	
Postcode	
Telephone	
Fax	
E-Mail address	

3. OTHER INFORMATION

Please provide details below of any factor or proof of financial strength that you wish to be noted when considering your application.