

# Elgood & Sons Ltd

North Brink Brewery, Wisbech, Cambridgeshire PE13 1LW

Telephone: 01945 583160 Fax: 01945 587711 e-mail: info@elgoods-brewery.co.uk

TENANCY  
APPLICATION FORM  
**CONFIDENTIAL**



PLEASE COMPLETE  
ALL QUESTIONS IN  
BLOCK CAPITALS

<b>APPLICANT</b> SURNAME .....	<b>PARTNER</b> SURNAME .....
PREVIOUS SURNAME(S) (e.g. maiden name, etc) .....	PREVIOUS SURNAME(S) (e.g. maiden name, etc) .....
FORENAME(S) .....	FORENAME(S) .....
PRESENT ADDRESS .....	
.....	POST CODE .....
IF LESS THAN 6 MONTHS AT ABOVE ADDRESS, PLEASE GIVE PREVIOUS ADDRESS .....	
.....	POST CODE .....
DAYTIME TELEPHONE NUMBER .....	MOBILE NUMBER .....
OTHER PERSONS WHO WOULD SHARE ACCOMMODATION (e.g. children/parents)	
NUMBER OF CHILDREN	
BOYS .....	GIRLS .....
OTHERS .....	
DO YOU HAVE ANY RECURRENT ILLNESS OR DISABILITY WHICH MIGHT AFFECT YOUR ABILITY TO WORK? YES/NO	
IF YES, PLEASE GIVE DETAILS .....	
.....	
IF YOU HAVE PREVIOUSLY HELD A JUSTICES' LICENCE, PLEASE GIVE DETAILS	DO YOU HOLD A PERSONAL LICENCE?
PREMISES .....	YES/NO
.....	LICENCE NO: .....
OWNERS .....	DATE ISSUED .....
HAVE YOU CONVICTIONS FOR OFFENCES THAT MIGHT AFFECT THE GRANTING OF A LICENCE? YES/NO	
(please give details) .....	
ARE YOU AN UNDISCHARGED BANKRUPT? YES/NO	
HAVE YOU EVER BEEN REFUSED CREDIT BY ANY ORGANISATION? YES/NO	
IF YOU HAVE A NATIONAL CERTIFICATE FOR PERSONAL LICENCE HOLDERS (NCPLH), PLEASE GIVE CERTIFICATE NUMBER AND DATE	
CERT. NO. ....	DATE .....
WHAT AMOUNT OF CAPITAL DO YOU HAVE AVAILABLE FOR PAYMENT FOR FIXTURES & FITTINGS, ETC?	
£.....	

**PLEASE GIVE A FULL RECORD OF ALL EMPLOYMENT OVER THE LAST TEN YEARS**

	<i>APPLICANT</i>	<i>PARTNER</i>
DATES EMPLOYER POSITION HELD SALARY REASON FOR LEAVING		
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PLEASE PROVIDE THE NAMES & ADDRESSES OF TWO REFEREES, ONE OF WHOM SHOULD BE YOUR BANKER OR SOLICITOR

NAME: .....	NAME: .....
ADDRESS: .....	ADDRESS: .....
.....	.....
.....	.....

*N.B. No approach will be made to referees without your agreement*

## GENERAL INFORMATION

	<i>APPLICANT</i>	<i>PARTNER</i>
SECONDARY EDUCATION: SCHOOLS ATTENDED  DATES  QUALIFICATIONS GAINED		
FURTHER EDUCATION: COLLEGE/UNIVERSITY  QUALIFICATIONS GAINED		
LEISURE ACTIVITIES		
PLEASE USE THIS SPACE TO LIST ANY FURTHER DETAILS WHICH YOU THINK MAY BE HELPFUL TO YOUR APPLICATION:		
I CONFIRM THAT THE INFORMATION SUPPLIED IN THIS FORM IS CORRECT  SIGNED: ..... <i>APPLICANT</i>	I CONFIRM THAT THE INFORMATION SUPPLIED IN THIS FORM IS CORRECT  SIGNED: ..... <i>PARTNER</i>	
DATE: .....	DATE: .....	

### DATA PROTECTION ACT 1988 NOTICE

Where I/we provide you with personal data ("data"), I/we understand that the data will be held securely in confidence and processed for the purpose of carrying out your business and associated activities ("activities"). I/we understand that, under the Act, I/we have a right to know what data you hold on me/us if I/we apply to you in writing and pay the applicable fee.

**FOR OFFICE USE ONLY**

DATE APPLICATION RECEIVED: .....

DATE INTERVIEWED: 1<sup>ST</sup> .....  
2<sup>ND</sup> .....  
3<sup>RD</sup> .....

INTERVIEWED BY: .....  
.....  
.....

**COMMENTS**

**RECOMMENDATIONS**

**TYPE OF HOUSE**