

MARAS Registration Form

Official company name: _____

Trading name (if different): _____

Is the company a: sole trader partnership ltd company

If limited, please provide the company reg. number: _____

Trading address: _____

Tel. No. _____ Fax. No. _____

E-mail address: _____

Contact name: _____

How did you hear about the service: _____

Proprietor/partners full name: _____

Home address & postcode: _____

Proprietor/partners full name: _____

Home address & postcode: _____

Services required - only available with e-mail or a dedicated fax line.

Acknowledgement 48 hour interim Subsequent 24 hour interim

Please indicate the preferred method of reporting to you

e-mail fax post

Marketing material — please advise as to the quantity required

"Referencing service" information sheet for landlords: _____

*Please note – insurance marketing material is issued once an insurance contract between us exists. A draft insurance contract is issued by us for completion by you once your agency is registered for referencing.

Partnership programme & Declaration

Your company is able to benefit from the free MARAS partnership programme. The services available include personalised form downloads, free adverse tenant searches and an overview of your cases submitted over the past 60 days. Should you not wish for this facility to be made available to you, please tick the following box .

I confirm that I am aware as to the confidential data within the partnership programme and that the access codes to the partnership programme are to be kept confidential. I further understand that unauthorised access or abuse will lead to this service being suspended. I confirm that the MARAS invoices will be settled in full within 30 days of the issue date.

Signed for and on behalf of the company: _____

Name of person signing (please print): _____

Date: _____