

[OFFER SUBMISSION FORM]

AGENCY DETAILS			
Agency	Sensis Property Management	Branch:	Rotherham
Head Office Address	1 Sumner Rd		
	ROTHERHAM		
	S. Yorkshire		
	S65 1LJ		
Telephone Number	01709 36 76 76		
Email	Info@sensispm.co.uk		
Personal Agent			

BUYER DETAILS			
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Sir <input type="checkbox"/> Other		
First Name:		Surname:	
Buyer's Address:			
Home Tel Number (s)		Mobile Tel	
Email:			
You must provide any 2 of the following. (Please tick the items you intend to supply, one must be a photo ID)	<input type="checkbox"/> Passport <input type="checkbox"/> Drivers License <input type="checkbox"/> Utility Bill <input type="checkbox"/> Othe		
D.O.B		National Insurance Number	
Is the Buyer the sole Buyer of the Property?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If No, please provide additional Buyer details:			
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Sir <input type="checkbox"/> Other		
First Name:		Surname:	
Buyer's Address:			
Home Tel Number (s)		Mobile Tel	

Email:			
You must provide any 2 of the following. (Please tick the items you intend to supply, one must be a photo ID)	<input type="checkbox"/> Passport <input type="checkbox"/> Drivers License <input type="checkbox"/> Utility Bill <input type="checkbox"/> Othe		
D.O.B		National Insurance Number	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Sir <input type="checkbox"/> Other		
First Name:		Surname:	
Buyer's Address:			
Home Tel Number (s)		Mobile Tel	
Email:			
You must provide any 2 of the following. (Please tick the items you intend to supply, one must be a photo ID)	<input type="checkbox"/> Passport <input type="checkbox"/> Drivers License <input type="checkbox"/> Utility Bill <input type="checkbox"/> Othe		
D.O.B		National Insurance Number	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Sir <input type="checkbox"/> Other		
First Name:		Surname:	
Buyer's Address:			
Home Tel Number (s)		Mobile Tel	
Email:			
You must provide any 2 of the following. (Please tick the items you intend to supply, one must be a photo ID)	<input type="checkbox"/> Passport <input type="checkbox"/> Drivers License <input type="checkbox"/> Utility Bill <input type="checkbox"/> Othe		
D.O.B		National Insurance Number	

PROPERTY DETAILS	
Address	

OFFER DETAILS			
Date of Offer			
Offer Amount			
Conditions of Offer			
Is the offer subject to the sale of another property?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, is the property currently on the market?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If your property is on the market, have you accepted an offer?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have your finances in place?	YES <input type="checkbox"/> NO <input type="checkbox"/>

All offers must be supported with proof of finances, please email info@sensispn.co.uk with electronic copies of any mortgage agreement in principle you may have and/or a bank statement illustrating any funds that may be used in the transaction.

MORTGAGE & INSURANCE SERVICES	
Do you require mortgage advice?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you require insurance advice?	YES <input type="checkbox"/> NO <input type="checkbox"/>

CONVEYANCING SERVICE					
Do you require a Conveyancing quotation for the sale of your property?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please confirm the following					
Door Number		Post Code		Agreed Sale Price	
Freehold or Leasehold?		Mortgage to be redeemed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Buyer found?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you require a Conveyancing quotation for the purchase of your property?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
If you already have a solicitor ready to represent you in your transaction then please complete the details below.					
Practice Name:				Contact Name:	
Practice Address					
Contact Number					
Email Address					

SIGNATURE	
I confirm that the details of the offer proposed in this form are accurate and that I wish for a representative of Sensis Property Management to propose this offer to the Vendor.	
Signed by the Buyer:	Signed by the Additional Buyer:
Signed:	Signed:
Name:	Name:
Date:	Date:
Signed by the Additional Buyer:	Signed by the Additional Buyer:
Signed:	Signed:
Name:	Name:
Date:	Date:
