

Angel Property Management, PO Box 221, Washington, NE37 1WQ

Confidential Client Questionnaire

Personal Details

Property Address:-----

	Client
Title	<input style="width: 100%;" type="text" value="Mr/Mrs/Miss"/>
Surname	<input style="width: 100%;" type="text"/>
Forenames	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
Postcode	<input style="width: 100%;" type="text"/>
Home Tel. No.	<input style="width: 100%;" type="text"/>
Time at Address	<input style="width: 100%;" type="text"/>
If less than three years, please give last address...	
Address	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
Postcode	<input style="width: 100%;" type="text"/>
Time at Address	<input style="width: 100%;" type="text"/>

	Spouse/Partner
Title	<input style="width: 100%;" type="text" value="Mr/Mrs/Miss"/>
Surname	<input style="width: 100%;" type="text"/>
Forenames	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
Postcode	<input style="width: 100%;" type="text"/>
Home Tel. No.	<input style="width: 100%;" type="text"/>
Time at Address	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
Postcode	<input style="width: 100%;" type="text"/>
Time at Address	<input style="width: 100%;" type="text"/>

General Details

Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married	<input type="checkbox"/>
	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/>
Health	<input style="width: 100%;" type="text"/>			
Smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth	<input style="width: 100%;" type="text"/>			
Pets	<input style="width: 100%;" type="text"/>			

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	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/>
Health	<input style="width: 100%;" type="text"/>			
Smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth	<input style="width: 100%;" type="text"/>			
Pets	<input style="width: 100%;" type="text"/>			

Dependant Details

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Occupation Details

	Client		Spouse/Partner
Occupation	<input style="width: 95%;" type="text"/>	Occupation	<input style="width: 95%;" type="text"/>
Employers Name	<input style="width: 95%;" type="text"/>	Employers Name	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>	Address	<input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>
Postcode	<input style="width: 95%;" type="text"/>	Postcode	<input style="width: 95%;" type="text"/>
Telephone Number	<input style="width: 95%;" type="text"/>	Telephone Number	<input style="width: 95%;" type="text"/>
Length of Service	<input style="width: 95%;" type="text"/>	Length of Service	<input style="width: 95%;" type="text"/>
Previous Employer	<input style="width: 95%;" type="text"/>	Previous Employer	<input style="width: 95%;" type="text"/>
Length of Service	<input style="width: 95%;" type="text"/>	Length of Service	<input style="width: 95%;" type="text"/>

Gross Earned Income

Main Earned Income	<input style="width: 95%;" type="text"/>	Main Earned Income	<input style="width: 95%;" type="text"/>
Regular Overtime/Bonus	<input style="width: 95%;" type="text"/>	Regular Overtime/Bonus	<input style="width: 95%;" type="text"/>
Part-time Income	<input style="width: 95%;" type="text"/>	Part-time Income	<input style="width: 95%;" type="text"/>
Pension Income	<input style="width: 95%;" type="text"/>	Pension Income	<input style="width: 95%;" type="text"/>

Building Society or Bank Details

Name of Society/Bank	<input style="width: 95%;" type="text"/>	Name of Society/Bank	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>	Address	<input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>
Postcode	<input style="width: 95%;" type="text"/>	Postcode	<input style="width: 95%;" type="text"/>
Sort Code	<input style="width: 95%;" type="text"/>	Sort Code	<input style="width: 95%;" type="text"/>
Account Number	<input style="width: 95%;" type="text"/>	Account Number	<input style="width: 95%;" type="text"/>

We Authorise Angel Property Management to Obtain any References they Deem Necessary

Signature of Client

Date

Signature of Spouse/Partner

of

Date

Signature of Company Representative

Date