

EASTWAYS MANAGEMENT LIMITED

FORM B

Application for consent to let flat §4 (xvii) / (xviii) of your Lease

FEE: £75

Your name (flat owner)	
Contact address (not the flat)	
Telephone no. (not the flat)	Landline: Mobile:
Email address	
Is it your intention as the owner to let the property on a continuous basis?	Yes / No
Details of any letting agent	Name: Telephone no: Email address:
Full name of tenant(s)	
Full name of other occupiers (aged 18 or over)	
Number of children under 18	
Flat no. in Regent Square	
Garage / parking space no.	
Contact no.	
<i>YOU ARE REQUIRED TO GIVE THE FOLLOWING INFORMATION FOR INSURANCE PURPOSES</i>	
Term of letting agreement	Start date: End date:
Are your tenants (please tick as applicable)	<ul style="list-style-type: none"> In full time employment Family member or friend Social housing tenants Students

On first application to rent your property, owners will need to complete this form together with form A & D and return to:

eml@eastways.org

www.eastways.org

Registered Office: 42 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4AJ Registered in London, England
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