

Providing Client Money Protection to Landlord and Tenant Clients of
Member Firms

Client Money Protection Scheme Application for Compensation

The information provided on this form will be kept strictly confidential and will only be used by CM Protect to process applications for compensation against the CM Protect Scheme.

Applications must be made within 12 months of the date CM Protect was first notified of the firm's misappropriation of client money



Client Money Protected: www.cmprotect.co.uk

Agent:		Case Reference:	
Please Provide your Crime Reference Number:			
Please tick whether you are a:	Landlord <input type="checkbox"/>	Tenant <input type="checkbox"/>	Other <input type="checkbox"/> (please specify)

Please print in BLOCK CAPITALS

Title:		First Name:		Surname:	
Address:					
Postcode:					
Daytime Tel No:					
Email Address:					

Please Note: Applicants must advise CM Protect of any change of address.

Full address of the property to which your application for compensation relates:	
Address:	
Postcode:	
If you are a tenant, are you a sole or joint tenant?	Sole Tenant <input type="checkbox"/> Joint Tenant <input type="checkbox"/>
If you are a joint tenant, please list the names of the tenants and their contact details:	
If you are the landlord, give the date the agent commenced action for you:	
If you are the tenant, give the date your tenancy commenced:	
What is the monthly rent?	£
As a tenant, did you pay a deposit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What was the amount of the deposit?	£
Did you receive a receipt for the deposit?	
When do you expect the tenancy to end? Please give a date:	

Please provide copies of the following documents:

(Note: Failure to provide all the required documentations may result in applications being rejected)

Landlords

Please note:

- Landlord applications are restricted to three months' rent
- Rent is reimbursed net of fees
- A copy of the tenancy agreement
- A copy of the terms of business with the agent
- A copy of the tenants bank statements illustrating a pattern of payments and then non-payment by the agent
- A copy of the tenants bank statements illustrating rental payments have been made

Please confirm the months you are seeking compensation for (tick as appropriate)

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Please confirm the total amount of rent for which you are seeking compensation:

£

Tenants

Please note:

- A copy of the tenancy agreement
- A copy of the receipt for the deposit by the agent
- A copy of the tenancy deposit registration certificate
- Written consent from the landlord of the property that they are content for the deposit to be returned to you

Signature

Date


Please return the form along with the documents to:

CM Protect
Kingmaker House
Ground Floor
New Barnet
EN5 1NZ

Or you can email your claim to claims@cmprotect.co.uk

Contact us:

 www.cmprotect.co.uk

 0845 362 3099

 info@cmprotect.co.uk

CM Protect

*Kingmaker House | Station Road
New Barnet | Hertfordshire | EN5 1NZ*

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