



Client Money Protect

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

COMPENSATION FORM

Application for Compensation

The information provided on this form will be strictly confidential and will only be used by CMP to process applications for compensation claims made against CMP members.

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



Agent's Name

Please provide your crime reference number

Are you a: Landlord Tenant Other (please specify)

Please print in BLOCK CAPITALS

Title First Name

Surname

Address

Postcode

Daytime Tel No.

Email Address

Please note: Applicants must advise CMP of any change of address

Full address of the property to which your application for compensation relates

Address

Postcode

If you are the landlord, give the date the agent commenced acting for you

If you are a tenant, are you a sole or joint tenant? Sole Tenant Joint Tenant

If you are a joint tenant, please list the names of the tenants and their contact details

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 No

What was the amount of the deposit? £

Did you receive a receipt for the deposit? Yes No

When do you expect the tenancy to end?
Please give a date (DD / MM / YEAR)

Continued →

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
- If you took out a rent guarantee policy this should be claimed on first

We require:

- A copy of the tenancy agreement
- A copy of the terms of business with the agent
- A copy of the tenant's bank statements illustrating a pattern of payments and then non-payment by the agent
- A copy of the tenant's bank statements illustrating rental payments have been made

We require:

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

We require:

- A copy of the tenancy agreement
- A copy of the receipt for the deposit by the agents
- A copy of the tenancy deposit registration certificate (claims should be made to the relevant tenancy deposit protection scheme first)
- Written consent from the landlord of the property that they are content for the deposit to be returned to you

Signature

Date (DD / MM / YEAR)

Please return this form along with the documents to:


CLIENT MONEY PROTECT
Premiere House
Elstree Way
Borehamwood
WD6 1JH

Or you can email your claim to:

claims@clientmoneyprotect.co.uk

Contact us:

 www.clientmoneyprotect.co.uk

 **0333 321 9414**

 info@clientmoneyprotect.co.uk



Client Money Protect

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Borehamwood | WD6 1JH

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