

The information provided on this form will be strictly confidential and will only be used by Client Money Protect to process applications for compensation claims.

Applications for compensation must be made within 12 months of the date Client Money Protect was first notified of the member's misappropriation of client money.

Landlords: Immediately after you are aware that your agent has misappropriated your money and you

are unable to establish contact arranging for the tenant to pay			re you mitigate	your losses. For example
Crime reference number:				
Agent company name:				
Agent address:				
Are you a:	Agent	Landlord	Tenant	Other
Your full name:				
Address:				
Postcode:				
Telephone number:				
Email address:				
Please note: If you have an application form for each individual p		multiple propert	ies you will nee	ed to complete a separate
Please supply the full address o	of the prope	rty to which you	r application fo	r compensation relates
Address:				
Postcode:				
Summary of claim:				

FOR MORE SPACE PLEASE USE AN ADDITIONAL PAGE

# Landlords

## If you are claiming as a landlord please complete section A below

#### **Section A**

Date agent commenced acting for you:

Date of last communication with the agent:

What is the monthly rent?

What are the monthly management fees?

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: (minus any service fees)

### Please note the following:

- Landlord applications are restricted to three months' rent
- Rent is reimbursed net of fees
- Client Money Protect only consider claims for rent that occurred within the last 12 months
- If you took out a rent guarantee policy this should be claimed on first

# Please provide copies of the following documents:

Failure to provide all the required documentation may result in applications being rejected

- Copy of the tenancy agreement
- Copy of the terms of business/contract with the agent
- Copy of the bank statements from the last 12 months demonstrating rent payments coming into your account and then no longer being made
- Copy of the tenant's bank statements or evidence from the tenant showing the missed rental payments have been made
- Communication between you and the agent regarding the misappropriation

# **Tenant**

### If you are claiming as a tenant please complete section B below

#### **Section B**

Date tenancy commenced:

Are you a sole tenant or joint tenant?

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

Name:

Phone number: Email address:

What is the monthly rent?

What was the amount of the deposit?

Did you receive a receipt for the deposit?

Did you receive deposit protection details?

Has the tenancy ended?

When do you expect the tenancy to end?

## Please note the following:

- Communication between you and the landlord and/or agent regarding the misappropriation of rent is reimbursed net of fees
- You are only able to claim the deposit if the agent failed to protect the deposit with a government approved deposit protection scheme

# Please provide copies of the following documents:

Failure to provide all the required documentation may result in applications being rejected

- Copy of the tenancy agreement
- Evidence of deposit payment to agent
- Copy of the tenancy deposit registration certificate (if applicable)
- Written consent from the landlord of the property confirming they consent to the deposit being returned to you
- Communication between you and the landlord and/or agent regarding the misappropriation



# Compensation claim form

Please return your completed compensation claim form and relevant evidence to:

claims@clientmoneyprotect.co.uk

Alternatively you can post to: Client Money Protect, 1st Floor, Premiere House, Elstree Way, Borehamwood, WD6 1JH

Once in receipt of your completed claim form and supporting documents, Client Money Protect will verify your claim and update you within 14 days.

#### Other information

You must make your application to Client Money Protect within 12 months of the date Client Money Protect was first notified of the member's misappropriation of client money and within 12 months of discovering that the misappropriation of your client money has occurred. The length of time that an application takes to be completed will depend on the information provided to us by the claimant and the circumstances of the claim.

As the claim is relating to a criminal offence there are additional processes that need to be undertaken and in some instances are out of our control. Client Money Protect will endeavour to reduce delays as much as possible and complete your claim as quickly as possible.



# Compensation claim form

## Subrogation of right of action:

I agree that if Client Money Protect provide compensation that I am entitled to after raising the compensation claim, then I transfer in full to Client Money Protect, any right of action that I may have against the defendant with regards to the claim. I understand that this right to transfer the right of action is known as 'subrogation'.

I understand that the transfer will only operate once I have received full payment from Client Money Protect. This transfer of rights extends to all my rights to make claims and to any proceedings that Client Money Protect or their insurers may wish to make in my name and as claimant against the agent.

I will give Client Money Protect all such assistance as may be required regarding any litigation to claim back money that should have been lawfully returned. I undertake to provide Client Money Protect with any documents in my possession or under my control that are relevant to any question arising under the subject matter of this transfer. I also agree to provide witness statements and to attend court if required.

In the event that Client Money Protect pay me money that I am entitled to and I subsequently also receive this money from the agent, then I agree to repay Client Money Protect immediately when I become aware of the 'double' payment.

Declaration:
I confirm the information I have provided within this form is accurate
Signature:
Date: