

FOR OFFICE USE ONLY			
Membership No.		Start Date.	
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The Property Ombudsman (TPO) Ltd

Company Registration Number: 3339975

APPLICATION FORM

Residential Sales (including the Consumer, Estate Agents and Redress Act 2007 - OFT Approved Estate Agents Redress Scheme) Lettings and Property Management, Buying Agents and Relocation Professionals.

The Ombudsman's Terms of Reference form part of your membership of TPOS

FOR INFORMATION ON FEES OR ANY REQUIRED SUPPORTING DOCUMENTS

PLEASE GO TO THE WEBSITE www.tpos.co.uk OR CONTACT MEMBERSHIP ON (01722) 333306

i FRANCHISOR * NOTE POINT 7

ii FRANCHISEE

(PLEASE TICK AS APPROPRIATE)

SECTION A - DETAILS OF THE APPLICANT

1. Company Name

2. Trading Name

3. Contact Name and Principal Office Address

Contact Name:	Tel No:	MEMBERSHIP REQUIREMENTS (Please tick appropriate box) See Guidance on Registering for Membership (MD001) for Price Guide.	
Address:	Fax No:	Full Membership to Include:	
		Residential Sales Office	<input type="checkbox"/>
	Email:	Lettings & Property Management Office	
		Commercial Office	<input type="checkbox"/>
Post Code:	www:	International Office	
		Admin/Satellite Office	<input type="checkbox"/>
Company Reg No:		Registration for Approved OFT Estate Agents Redress Scheme	
		CEARA Redress only	

4. Full Name(s) of Principal and all Partners and Directors.

Name	Position in Firm	Affiliated membership number(s):	
		NAEA:	RICS:
		ARLA:	NALS:
		GUILD:	ARP: (please tick)
		GLM:	OTHER:
		NAEA:	RICS:
		ARLA:	NALS:
		GUILD:	ARP: (please tick)
		GLM:	OTHER:
		NAEA:	RICS:
		ARLA:	NALS:
		GUILD:	ARP: (please tick)
		GLM:	OTHER:
		NAEA:	RICS:
		ARLA:	NALS:
		GUILD:	ARP: (please tick)
		GLM:	OTHER:

SECTION B – APPLICATION

5. Contact Name and Address regarding complaints (if different from above)

Contact Name:	Tel No:
	Fax No:
	E-mail:

6. Contact Name and Address regarding invoices (if different from above)

Contact Name:	Tel No:
	Fax No:
	E-mail:

7. Branches of Firm - if you have more than one office or have Associated firms or offices, all such Associated firms or offices will be deemed to have taken up membership and that you advise us of any new Associated firms or offices from time to time. We reserve our right to take appropriate action in the event of your failure to do so.

Note an "Associated" Firm is any firm which carries on estate agency or lettings work (as defined in the Terms of Reference) and fall within any of the following:

- (i) In the same corporate group as the Firm; or
- (ii) Where the Firm owns any interest; or
- (iii) Where the Firm (or someone in the same corporate group as the Firm) has granted or has been granted a Franchise.

SECTION C – FRANCHISEE SECTION

Please give details of the Franchisor

Company Name:	Contact Name:
Address:	Tel No:
	Fax No:
	E-mail:

Please note that membership will not be accepted without a Franchisor Agreement.

SECTION D – UNDERTAKING

The Applicant undertakes to the Company that the Applicant will:

- (i) submit to any investigations by the Ombudsman pursuant to and in accordance with the Terms of Reference as amended from time to time.
- (ii) be bound by and comply with all the provisions contained in the Terms of Reference, a copy of which has been provided to the Applicant and has been read and understood by it.
- (iii) (a) comply in full with any Award which, in accordance with the Terms of Reference, is made by the Ombudsman against it and accepted by the complainant and which is binding upon it under the Terms of Reference; and
(b) pay the complainant the amount of any such Award within the period for payment prescribed by the Terms of Reference.
- (iv) maintain and operate an appropriate internal Complaints Procedure in the form prescribed by the Professional Body with whom you are members of or as per the Guidelines that accompany this Application Form.
- (v) comply with the relevant Codes of Practice as amended from time to time where full membership has been accepted.
- (vi) nominate each of its Associated Firms from time to time as designated associates of the Company (and not withdraw any such person as a designated associate without the prior agreement of the Company).
- (vii) pay the subscriptions due from time to time as determined by the Board of the Company within 28 days of the date of invoice. (please note this fee is non refundable)
- (viii) maintain Professional Indemnity Insurance and ensure that:
 - (a) It includes cover for Awards made by the Ombudsman
 - (b) The excess for such Awards is no more than £1,000
 - (c) The endorsement L1391 has been added to the policy (if appropriate)
 - (d) The Applicant will honour its obligations to renew its Professional Indemnity Insurance on an annual basis and provide TPOS with a copy.
- (ix) in respect of full TPOS Membership, give the Company not less than one month's notice of the Firm's intention to withdraw from the Scheme.
- (x) The Franchisee will be responsible for all fees and complaints.
- (xi) The Franchisor will be responsible for assisting the Company with Franchisee membership; this includes outstanding payments, complaints and registration.
- (xii) No Trading Standards Office, or any other regulatory body, is taking or is considering whether to take, disciplinary action against any of those persons named at Section A, Paragraph 3 or any member(s) of staff of the Applicant.

SECTION E - ACKNOWLEDGEMENT

The Applicant acknowledges and agrees (on its own behalf and on behalf of all Associated Firms) that for all purposes (including for the purposes of the Contracts (Rights of Third Parties) Act 1999) this document and the Terms of Reference shall be enforceable against the Applicant:

- (i) by or on behalf of each relevant complainant in relation to and to the extent of any Award; and/or
- (ii) by the Company or any member of the Company.

The Applicant acknowledges and agrees that, in the event of its ceasing to be a Member of the Company as a result of any breach by the Applicant of the Undertaking set out above, the Company may:

- (i) notify any Professional Body named by the Applicant at Section A and any relevant authority (including the Office of Fair Trading, any Trading Standards Officer or appropriate Regulatory Authorities) of the fact of cessation of the Applicant's membership;
- (ii) publish the fact of cessation of the Applicant's membership and the circumstances surrounding it by such means as the Company considers appropriate.

SECTION F – TRADING STANDARDS OFFICE

Name and address of Local Authority Trading Standards Office or Trading Standards Office that acts as your Local Authority.

(With effect from 1 Jan 2000, it is LACORS policy for all complaints received by local TSOs to be discussed with the Ombudsman's Office).

SECTION G – PROFESSIONAL INDEMNITY INSURANCE

Professional Indemnity Insurance Details:	
Name of Company:	
Policy Number:	
Renewal Date:	

SECTION H – INDEMNITY

The Applicant shall indemnify the Company against all liabilities, costs, expenses and damages suffered by the Company arising out of or in connection with any breach by the Applicant or an Associated Firm of any of the terms and conditions contained in this application form or the Terms of Reference.

SECTION I - CONFIRMATION AND SIGNATURE

I/we confirm that:

- (i) having read the entirety of this application form and the Terms of Reference, the Applicant (and each of its relevant Associated Firms) applies to become a member of TPOS on the terms and subject to the conditions set out therein.
- (ii) The Applicant (and each of its relevant Associated Firms) agrees that it will comply with the terms and conditions of membership as constituted by this application form and the Terms of Reference (each as may be amended, varied, replaced or supplemented from time to time in accordance with their terms).

Notes:

Companies: This form should be signed by a director authorised to sign on behalf of the company together with a second director or the Company secretary.

Partnerships: This form should be signed by partners authorised to sign on behalf of the partnership and this should be done in the presence of a witness who should also add his or her signature, name and address.

Sole traders: This form should be signed by the owner in the presence of a witness who should also add his or her signature, name and address.

COMPANY

Executed and delivered as a deed by the Applicant acting by two duly authorised signatories

Full name and position in the Firm:	
Signature:	Date:

Full name and position in the Firm:	
Signature:	Date:

PARTNERSHIP

Executed and delivered as a deed by the Applicant acting by its duly authorised signatories (use a separate sheet if necessary)

Full name and position in the Firm:	
Signature:	Date:

In the presence of:

Full name:	Signature:	Date:
Address:		

SOLE TRADER

Executed and delivered as a deed by the Applicant

Full name and position in the Firm:	
Signature:	Date:

In the presence of:

Full name:	Signature:	Date:
Address:		

Please ensure that you have enclosed the following with your completed application form:

- Cheque/fee made payable to "The Property Ombudsman Limited" (please note this fee is non refundable)
- Professional Indemnity Insurance Schedule (highlighting indemnity/excess and endorsement)
- 2 References OR 2 Company utility bills and one form of photo ID

Please forward your application with a cheque for our fees and your relevant documentation to:

**Membership Department, The Property Ombudsman
Beckett House, 4 Bridge Street, Salisbury, Wiltshire SP1 2LX**

8. Branches of Firm – if applicable (note point 7) (use separate sheet if necessary)

Company Name:		Trading Name:	
Contact Name:	Tel No:	MEMBERSHIP REQUIREMENTS (Please tick appropriate box) See Guidance on Registering for Membership (MD001) for Price Guide.	
Address:	Fax No:	Full Membership to Include:	
		Residential Sales Office	
Post Code:	Email:	Lettings & Property Management Office	
		Commercial Office	
		International Office	
www:	Admin/Satellite Office		
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Company Reg No:		CEARA Redress only	

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