

SCHEDULE OF TENANCIES FORM

ABC CASE NUMBER

For office use only

BORROWER NAME

OWNERSHIP DETAILS

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other		First name(s)			Surname			
Company Name/Owner (if a Limited Company or LLP)							Date	
Address(es)	Tenant	Lease commencement date & term	Break clause (dates)	Current Rent	Rent Review Pattern	FR&I	Next Rent Review	Use
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		

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