

Mutual Exchange GDPR Consent Form

 APPLICANT D

	APPLICANT DETA	LS				
	Name:					
	Name of Joint					
	Applicant:					
	Telephone:					
	Address:					
	NUMBER OF BEDRO	OOMS REQ	UIRED:			
	PROPERTY TYPE IN	ITERESTE) IN: (Please tic	k all applical	ole)	
	House					
	Flat					
	Main Door					
	Ground Floor		_			
	Any type					
	Other (Please specify	·):				
	PROPERTY PRESEI	NTLY LIVIN	G IN:			
	Type (House/Flat)					
	Number of Bedroom	ıs				_
	Location (Street nan					
	Flat Position (if appl					
	Other (Please specify	'):				
	GDPR:					
		e of finding			y information on their websitinge properties with and will no	
	Please tick if satisfied	YES 🗖				
ıms	stances and accept that	false inform ve Limited. I	ation could resul	t in repossessi	ue and accurate record of my/o ion of any tenancy appointed busing Co-operative Limited to car	у
	teriaries ericens with my					
any					_ (the applicant)	
any ed:					_ (the applicant)	
any ed: e:					_ (the applicant) (joint applicant, if applicable)	