



BURY LANDLORD ACCREDITATION SCHEME

APPLICATION FORM FOR MEMBERSHIP

Please complete the following questions and return to:

MMHA PO Box 113 Radcliffe Manchester M26 2WD Fax 0161 724 4945

YOUR DETAILS

Surname: _____
First Names: _____
Trading As (if appropriate): _____
Address for Correspondence: _____

Postcode: _____
Tel. No: _____
Email Address: _____

DETAILS OF ANY JOINT OWNERS

Surname: _____
First Names: _____
Trading As (if appropriate): _____
Address for Correspondence: _____

Postcode: _____
Tel. No: _____
Email Address: _____

DETAILS OF MANAGING AGENT

Surname: _____
First Names: _____
Trading As (if appropriate): _____
Address for Correspondence: _____

Postcode: _____
Tel. No: _____
Email Address: _____

PROPERTY DETAILS

Property Address	Acquisition Date	Tenanted Yes/No	Vacant (Date)
1.			
2.			
3.			
4.			
5.			

NOTE: IF NECESSARY, PLEASE PROVIDE DETAILS OF ADDITIONAL PROPERTIES ON A SEPARATE SHEET

DECLARATION

I/We confirm that I/we have read and understood the Code of Practice of the Bury Landlord Accreditation Scheme and that all properties meet the necessary accreditation standards, subject to any transitional arrangements agreed by the Scheme.

I confirm receipt of the Code of Practice and declare that to the best of my knowledge and belief that the information in this application is correct.

SIGNED: _____

PRINT NAME: _____

DATE: _____