



You hold



**Insurance**

You hold  
the deposit

## Landlord Application Form

my|deposits **Northern Ireland** insurance option is designed for landlords who want to keep hold of the deposit for the duration of the tenancy.

### With my|deposits **Northern Ireland**:

- ✓ You hold the deposit in your bank account
- ✓ You have the freedom to resolve any issues directly with your tenant
- ✓ We are here to help with any formal disputes



Northern Ireland  
Executive

[www.northernireland.gov.uk](http://www.northernireland.gov.uk)

Supported by the Department for Social Development

my|depositsni.co.uk  
supporting you

# Notes on how to complete this Application Form

- This Application Form should be completed by all landlords who wish to join the **my|deposits Northern Ireland** Insurance Tenancy Deposit Protection Scheme.



## **A** Individual Landlords

Applicants who run their lettings business in their private name, and own personally the properties they let, should complete sections A1 and A2 of this form.

## **B** Company or Partnership Landlords

Applicants who run their lettings business in the name of a limited company or partnership, (which owns the properties to be let) should complete sections B1 and B2 of this form.

**C** All above applicants should complete sections C and D of the form.

- Applicants who run their business as a letting or managing agent (ie they do not own the properties and act as an agent for other landlords) should NOT complete this form. Instead, please complete the **my|deposits Northern Ireland** Insurance Agent application form.
- All questions must be answered in BLOCK CAPITALS using black ink. We will not accept any application form where questions are answered incorrectly, left blank or are illegible.
- You will not be able to protect any deposits until you join **my|deposits Northern Ireland**.
- Please note your membership name given on this form must exactly match the name given on the tenancy agreement.
- A separate deposit protection fee is required to protect each individual tenant deposit. You can do this online in the members area, by post or phone. The deposit protection fee will be published at a later date.

## What you will need to complete this form:

- Your contact details
- Your mother's maiden name
- Your cheque book
- If applicable, your trade organisation/professional body membership number and promotional

## TO BE COMPLETED BY PRIVATE INDIVIDUAL LANDLORDS ONLY

### Section A1 - Personal Information

Please ensure that all the information in the following section is correct. The information will be used to create your my|deposits Northern Ireland membership.

Single Membership  or Joint Membership  (if you wish to add a partner or colleague to your membership information)

Joint Member details:

Q1. Title:  First Name:  Last Name:

Title:  First Name:  Last Name:

Q2. Please state your correspondence address and postcode. We will send all membership information and postal communications to this address. Please ensure that the address you provide is your regular correspondence address. We regret that we cannot accept an application for membership from a landlord who can only provide a PO Box address, OR who resides in the Isle of Man, OR who resides permanently outside the United Kingdom.

Address in Northern Ireland:

Postcode:

Q3. Please provide us with all the following contact details (Please tick your preferred method of communication):

UK Landline Telephone:   Mobile Telephone:

Work Telephone:   Fax:

Email:

Q4. Please provide the following security information. This will be used by the Scheme to perform adequate security checking should you ever need to contact us by telephone.

Date of Birth:  -  -     Mother's Maiden Name:

Please provide a memorable word for additional security purposes:

### Section A2 - General Questions

**Guidance Notes:** These questions relate to our acceptance criteria and must be answered to the best of your knowledge. We reserve the right to check the validity of your answers with credit and fraud checking organisations. We regret that membership of the Scheme will be declined if you provide an adverse response to these questions or fail to answer them all.

Have you ever been:

Q1. Convicted of (or do you have a hearing pending for) money laundering, fraud or any other financial crime? YES  NO

**NB. Proceed to Section C**

## TO BE COMPLETED BY COMPANY OR PARTNERSHIP LANDLORDS ONLY

### Section B1 - Company Information

The member as a company landlord must:

- A. Own and let residential property in Northern Ireland and be named on the tenancy agreement as the landlord
- B. Be incorporated and registered in Northern Ireland and provide the full name and address for service.
- C. Provide the full names, addresses and date of birth for two officers of the company.
- D. Hold and remain accountable for protected deposits.

Q1. Company Name:

Q2. Contact Name:

Q3. Please state your correspondence address and postcode. We will send all membership information and postal communications to this address. Please ensure that the address you provide is your regular correspondence address.

Address in Northern Ireland:

Postcode:

Q4. Company Registration Number (where applicable):

Q5. Address of Registered Office.

Address:

Postcode:

Q6. Please provide us with all the following contact details (Please tick your preferred method of communication):

UK Landline Telephone:   Mobile Telephone:

Work Telephone:   Fax:

Email:

Q7. Please provide the following security information. This will be used by the Scheme to carry out security checks should you need to contact us by telephone. This must be a memorable word or number at least 8 characters long.

### Section B2 - Details of Directors and Partners

**Guidance Notes:** These questions relate to our acceptance criteria and must be answered to the best of your knowledge. We reserve the right to check the validity of your answers with credit and fraud checking organisations and to request personal guarantees if applicable. We regret that membership of the Scheme will be declined if you provide an adverse response to these questions or fail to answer them all.

Has your company, partnership or trading entity, its directors, partners and/or owners ever been:

Q1. Convicted of (or do you have a hearing pending for) money laundering, fraud or any other financial crime? YES  NO

## TO BE COMPLETED BY COMPANY OR PARTNERSHIP LANDLORDS ONLY

### Section B2 - Details of Directors and Partners *contd.*

Please provide the full details for two directors and officers for the company.

Title:  First Name:  Last Name:  D.O.B:   -   -

Address:

Postcode:

Business Title:  Telephone:

Title:  First Name:  Last Name:  D.O.B:   -   -

Address:

Postcode:

Business Title:  Telephone:

## TO BE READ AND SIGNED BY ALL APPLICANTS

### Section C - Declaration

To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of relevant facts may entitle the Scheme to void my membership immediately and without appeal.

Signature:  Name:  Date:

Position in Company (if applicable):

 0333 321 9403

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