College Mews Newbury Limited



New Sublet Licence

Complete this form if you have new tenant in your property. If your tenant is staying or extending their agreement please form "Sublet Licence Extention"

Apartment Owner Detials			
Leaseholder Name *			
The name[s] of the owner[s] of the apartment			
Leaseholder Address *			
Leaseholder Alternative Address *			
Please be advised that under section S166(6) of the Commonhold and Leasehold Reform Act 2002, we are required			
to send all correspondence to a registered address within			
England or Wales)			
Leaseholder Email Address *			
Leaseholder Mobile *			
	y Details		
Apartment Address *			
Name of Tenants *			
Names of each of the Tenants			
-			
Name of Letting Agent *			
Letting Agent Address *			

Letting Agent Phone Numbe	r *			
Letting Agent Emergency Phon In an emergency and out of hours we must your agent.				
Letting Agent Email *				
Tenancy Start Date *				
Tenancy Start Date *				
Tenancy Period Type *		□ 6 Months □ 12 Months □ Other;		
Management Type *		 Managing Agent Self Managed (No Agent) Professional Serviced Apartment Company Other: 		
	Decla	rations		
	rms of my/our lease	that I/we have suble	t the premises to the tenant/tenants	
or Company referred above. * I/We confirm that we have appended a copy of our Lease to the Tenancy Agreement and that the Tenants are aware of the rules regulations therein. * 				
□ I/We understand that any breach of	of the Lease or the E		btenant will be treated as a breach by	
us as the Leaseholder and that all costs				
	le appropriate tee to	i the ivianaging Agen	†*	
□ I/We confirm that we have paid th	le appropriate fee to	the Managing Agen	t*	
Name	1	ature	Date	
	1			
	1			
	1			
	1			
	1			
Name	1			

College Mews Newbury Limited



Sublet Licence Extension

Complete this form if your tenant is staying in your property and is just extending/rolling over the lease. If you have a new tenant please use form "New Sublet Licence"

Apartment Owner Detials			
Leaseholder Name *			
The name[s] of the owner[s] of the apartment			
Leaseholder Address *			
Leaseholder Alternative Address * Please be advised that under section S166(6) of the			
Commonhold and Leasehold Reform Act 2002, we are required			
to send all correspondence to a registered address within England or Wales)			
Leaseholder Email Address *			
Leaseholder Mobile *			
	y Details		
Apartment Address *			
Name of Tenants *			
Names of each of the Tenants			
Name of Letting Agent *			
Letting Agent Address *			

Letting Agent Phone Number	r *		
Letting Agent Emergency Phon In an emergency and out of hours we must your agent.			
Letting Agent Email *			
Tenancy Start Date *			
Tenancy Start Date *			
Tenancy Period Type *		□ 6 Months □ 12 Months □ Other;	
Management Type *		Managing Agent	
		□ Self Managed (N	
		Professional Serviced Apartment Company Other:	
	Decla	rations	
□ I/We give you notice under the ter			t the premises to the existing
tenant/tenants or Company referred al		-	htenent will be treated as a breach by
□ I/We understand that any breach of the Lease or the Esta us as the Leaseholder and that all costs will be paid by us in re		•	
□ I/We confirm that we have paid th			
Name	Sign	ature	Date
Name	Sign	ature	Date
Name	Sign	ature	Date
Name	Sign	ature	Date
Name	Sign	ature	Date
Name	Sign	ature	Date
	Sign	ature	Date