AUTHORITY TO EFFECT FORFEITURE

Just.

Fields marked with an * are required

To submit an instruction simply complete the following form, and email it to:

instructions@just-dm.co.uk

Just, 84 Thomas House, Eccleston Square, London, SW1V 1PX DX 2326 Victoria

T: 020 3848 9060

Your Contact Details				Tenant Details		
Title	*First Name			*Title	*First Name	
*Surname				*Surname		
Business Name				Business Name		
				44 J J		
ddress				*Address		
Town / *Cit	y			* Town / *Cit <u>y</u>	ý	
	-					
County		*Postcode		*County		*Postcode
Telephone				*Telephone		
*Email Address				*Email Address		
				Addition	al Informatio	n
*Reference				Have you previously attempted to effect CRAR		
					under the curren	
Landlord	d Details			Tick boxes		
*Title	*First Name			No	Yes	
				If yes, please prov	vide more information	
Surname						
Business Name				Have any provisions been made to secure and /or sanitise the property or land upon vacant possession? Tick boxes		
*Address				No	Yes	
				If yes, please prov	vide more information	
* Town / *Cit	ty					
					a photo/ site plan´	?
*County		*Postcode			please provide a copy	
				No	Yes	

About the premises	*Invoice details Tick if it is same as Contact Details *Contact Name						
Opening hours							
From To	*Email Address						
Type of premises: Tick boxes	*Telephone						
Warehouse Office Food outlet							
Retail Other	*Address						
If other, please provide more information							
	*Postcode						
Is the premises alarmed?							
Tick boxes							
No Yes If yes, provide code	Declaration						
Common doors Options Tick boxes	I agree to the terms and conditions published on the Just. Website.						
Yes, there are common doors	I agree to instruct Just to change locks, display necessary termination notices as required; and for so doing this shall be a sufficient warrant, authority and indemnification against all actions at Law, as well as all costs, charges or expenses which						
No, there is a dedicated door							
Is the property subject to a commercial lease?	may reasonably be incurred by reason of your executing this authority, and we hereby undertake not to hold you accountable						
Tick boxes	for goods forcibly or clandestinely removed from the premises following their being made secure.						
Yes No							
Which clause in the lease allows for forfeiture? Please complete the relevant clause							
	*Signature						
Date of breach	*Date						
DD MM YYYY							
Is the tenancy excluded from the Landlord anb Tenant Act, Tick boxes							
Yes No							