

LEASE EXTENSION APPLICATION

PLEASE COMPLETE ALL PARTS OF THIS FORM AND RETURN IT TO: Weald Living, Saxon Weald House, 38-42 Worthing Road, Horsham RH12 1DT or email a copy to info@wealdliving.com.

FULL NAMES OF EACH LEASEHOLDER:
EMAIL:
ADDRESS OF LEASEHOLD PROPERTY:
POSTCODE:
CORRESPONDENCE ADDRESS (if different from above):
POSTCODE:
PHONE NUMBER:
WORK PHONE NUMBER:
MOBILE NUMBER:
TO SILE TO HELV

	I/we confirm that I/we wish to proceed with an approperty.	plication to extend the lease on the above		
	I/we understand that on receipt of the completed application we will be issued with an invoice for payment of the valuation and administration fee.			
	I/we consent to my/our contact details being provided to the valuer in order for them to contact me/us to arrange an appointment for the valuation.			
	I/we confirm that we have read and accept the terr Extension Guide.	n that we have read and accept the terms and conditions listed in the Lease Guide.		
SIC	SNATURE(S):	DATE:		

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