

## APPLICATION FORM

**Please read and understand the following notes before you complete this form.  
DO NOT COMPLETE THIS FORM IF YOUR FIRM HAS MORE THAN FIVE SEPARATE  
BRANCHES OR THE TURNOVER OF YOUR BUSINESS EXCEEDS £1M.  
CALL CMP ON 0333 321 9414 TO DISCUSS WHAT WE CAN OFFER.**

### NOTES:

#### COMPLETION OF THIS FORM

This application should be completed, signed and dated by the applicant. Incomplete answers may not be accepted and can delay the application process. Should there be insufficient room on this proposal for full details, please attach further information on separate signed and dated sheets, clearly stating the question number the information relates to. Only persons authorised to act on behalf of the applying firm can sign this form.

By signing the form, and paying the membership fee when requested, you agree to abide by the CMP Membership Terms and Conditions, a copy of which is available to read or download from our website [www.clientmoneyprotect.co.uk](http://www.clientmoneyprotect.co.uk)

#### MATERIAL FACTS

It is the duty of the applicant to disclose all material facts to CMP. Where information is omitted, which we subsequently discover, we reserve the right to amend or cancel your membership of CMP.

A material fact shall be deemed to be one that would likely influence our judgement and acceptance of your application. If you are in any doubt as to what you consider to be disclosed, you should inform us of this at the time of completing this application.

#### CANCELLATION

Membership of CMP is an annual contract. You can cancel your membership at any time and a refund of the Membership Fee is entirely at our discretion.

#### PROFESSIONAL INDEMNITY INSURANCE

Membership of CMP is conditional upon you maintaining adequate Professional Indemnity insurance for the duration of your Membership period. We reserve the right to request evidence of your Professional Indemnity insurance at any time, or to request a copy of the cover provided by your insurer.

Should your firm not hold adequate Professional Indemnity insurance, CMP can provide this cover via our parent company HFIS plc. Please call CMP on 0333 321 9414.

#### CONSUMER REDRESS SCHEME

Membership of CMP is conditional upon maintaining membership of government authorised Consumer Redress Scheme (Ombudsman) for the duration of your Membership period. We reserve the right to request evidence of your Membership at any time. Should your firm not be a member of a consumer redress scheme, CMP has partnered with the Property Redress Scheme (PRS) to offer membership at beneficial rates. Please call PRS on 0333 321 9418 or visit the website at [www.theprs.co.uk](http://www.theprs.co.uk)

#### CREDIT REFERENCING

As part of our membership application process, we will credit reference your firm and where applicable, directors and shareholders of the business. Should we reject your application on the basis of any credit reference we request, we will not be able to disclose the reason for the rejection but refer you directly to the credit reference agency.

#### CLIENT MONEY QUESTIONNAIRE

CMP will request the completion of a Client Money Questionnaire prior to Membership being granted and at subsequent membership renewals. This questionnaire is designed to help Member firms assess their understanding of client money and how it should be completed. We expect all member firms to adhere to some basic practices when handling client money and these practices are outlined in our separate Fact Sheet: 'Clients' Money Best Practice Guidance'.

When we ask you to complete this questionnaire, the answers you provide will form part of your application to CMP and for which we rely on. We reserve the right to reject your application of CMP if we consider that you cannot or do not comply with these best practices when handling client money.

PLEASE TICK TO CONFIRM THAT YOU HAVE UNDERSTOOD

## 1. WHAT TYPE OF SUBSCRIPTION ARE YOU APPLYING FOR?



### Option 1: Standard Membership

Standard Membership applies to agents that have between 1-5 locations (including Head Office) and the annual turnover of the business does not exceed £1m.

**Cost:**

**£299 (plus vat) per application for head office**

**Plus:**

**£20 (plus vat) per additional branch**

You must meet all the following qualifying criteria to become a CMP member:

- 1-5 Locations.
- Your business annual turnover must not exceed £1m.
- A common shared client account covering all locations.
- Your business must not have client money protect membership of a trade organisation (e.g. ARLA, RICS, or NALS).

Please tick checkbox to confirm you meet all the criteria listed above.

### Option 2: Non-Standard Membership

Non-Standard Membership applies to agents that do not fulfil the criteria of the standard membership. Please telephone or email CMP so we can discuss your requirements.

**Cost:**

**£ Price on application**

*Continued* →

## 2. HEAD OFFICE DETAILS



### Please enter the contact details for your Head Office.

The Head Office will be used as the main point of contact. If you do not have a 'Head Office' please provide details of the office/person we should use as the main point of contact.

These details will be provided on the public facing member directory.

Company Name*	<input type="text"/>
Title*	<input type="text"/>
Contact First Name*	<input type="text"/>
Contact Last Name*	<input type="text"/>
Business Address Line 1*	<input type="text"/>
Business Address Line 2	<input type="text"/>
Business Address Line 3	<input type="text"/>
Business Address Line 4	<input type="text"/>
Town/City	<input type="text"/>
County*	<input type="text"/>
Post Code*	<input type="text"/>
Telephone No.*	<input type="text"/>
Email*	<input type="text"/>
Re-Enter Email*	<input type="text"/>
Registered Company No. (If Applicable)	<input type="text"/>

It is a Membership requirement that you register and pay for all Branches associated with your company. If you are unsure if you have a Branch that requires registering please telephone us on the number above.

Do you have any other Branches?

Yes  No

\*All fields are mandatory

Continued →

### 3. BRANCH DETAILS



#### Branch 1

Branch Name*	<input type="text"/>
Title*	<input type="text"/>
Contact First Name*	<input type="text"/>
Contact Last Name*	<input type="text"/>
Business Address Line 1*	<input type="text"/>
Business Address Line 2	<input type="text"/>
Business Address Line 3	<input type="text"/>
Business Address Line 4	<input type="text"/>
Town/City	<input type="text"/>
County*	<input type="text"/>
Post Code*	<input type="text"/>
Telephone No.*	<input type="text"/>
Email*	<input type="text"/>
Re-Enter Email*	<input type="text"/>

Does this Branch operate as a separate legal entity?

Yes  No

Disclaimer - It is a condition of membership that all head offices and branches must be included within membership of CMP. All Branches approved by CMP are bound by the CMP Terms and Conditions. Members may add additional branches to their membership if the branch meets the following criteria:

1. The branch must have the same legal identity as the Head Office (i.e. if set up as a limited company, the Head Office and branch must be part of the same limited company).
2. The branch must use the same segregated client money account as the Head Office, with money movements controlled by the Head Office. If a branch fails to meet the criteria as specified above, then the premises are considered a Head Office and must apply to Join CMP as a Member in its own right.

\*All fields are mandatory

Continued →

## 4. OWNER DETAILS



### We require the contact details of two directors, principals or owners of the company:

CMP requires the details of two of the owners or principals of your firm or details of the two largest shareholders by percentage holdings.

If your firm only has one owner, principal or shareholder, please tick here

Title\*

Contact First Name\*

Contact Last Name\*

Home Address Line 1\*

Home Address Line 2

Home Address Line 3

Town/City

County\*

Post Code\*

If you have lived anywhere else in the last 3 years then please provide these details at the end of the form

Telephone No.\*

Email\*

Re-Enter Email\*

Date of Birth\* ( DD / MM / YEAR )

Position in Firm

What percentage of the company do you own?

Have you been the subject of a criminal offence (other than minor motoring convictions) whether current or pending?

Yes  No

Have you ever been the subject of a Court Order or Judgement relating to any unsatisfied financial claim or insolvency, whether relating to this firm or any other business you have been involved in?

Yes  No

\*All fields are mandatory

Continued →

## 4. OTHER OWNER DETAILS



Title\*

Contact First Name\*

Contact Last Name\*

Home Address Line 1\*

Home Address Line 2

Home Address Line 3

Town/City

County\*

Post Code\*

If you have lived anywhere else in the last 3 years then please provide these details at the end of the form

Telephone No.\*

Email\*

Re-Enter Email\*

Date of Birth\* ( DD / MM / YEAR )

 /  / 

Position in Firm

What percentage of the company do you own?

Have you been the subject of a criminal offence (other than minor motoring convictions) whether current or pending?

Yes  No

Have you ever been the subject of a Court Order or Judgement relating to any unsatisfied financial claim or insolvency, whether relating to this firm or any other business you have been involved in?

Yes  No

CMP reserves the right to check the financial suitability of these persons with credit organisations. CMP also reserves the right to request accountants' reports or declarations where necessary to clarify matters arising from our enquiries. Individuals listed below will be held responsible for the company in accordance with the CMP Terms and Conditions.

\*All fields are mandatory

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## 5. ABOUT YOUR FIRM



Please state your annual fee income for the firm: (actual or estimated)

Have you, any director, partner or individual handling Client Money within your firm, been convicted or charged (but not yet tried or been given an Official Police Caution), in respect of any criminal offense involving money laundering, fraud, or any other financial crime?

Yes  No

Have you, any director or partner been the subject of a County Court Judgement, whether pending or settled?

Yes  No

Have you, any director or partner been declared bankrupt or insolvent or been disqualified from being a director of a company?

Yes  No

How did you hear about the CMP?\*

### Professional Indemnity Insurance(PII):

CMP requires all members to hold adequate PII cover for the duration of their membership. Does your firm hold Professional Indemnity Insurance that covers all activities of your business?

Your policy must include loss incurred through theft of client money by employees.

Yes  No

If 'Yes' Please state:

Name of Insurance Company

Policy Number

Expiry Date of Cover

### If you have answered 'NO' then you cannot currently join CMP.

Cover can be provided via our parent company HFIS Plc. Please call HFIS on 0345 310 6300 to discuss your requirements.

We reserve the right to request evidence of your PII cover.

*Continued* →

## 5. ABOUT YOUR FIRM (continued)



### Consumer Redress Scheme:

CMP requires all members to hold membership of a government approved consumer redress scheme for the duration of the policy. Are you currently a member of a consumer redress scheme?

Yes     No

If 'Yes' Please state:

Name of Scheme

Membership Expiry Date

### If you have answered 'NO' then you cannot currently join CMP.

We have partnered with the Property Redress Scheme (PRS) to offer membership at beneficial rates. Please visit the PRS website at [www.theprs.co.uk](http://www.theprs.co.uk) or call the PRS on **0333 321 9418** to discuss your requirements.

We reserve the right to request evidence of your redress scheme membership.

If your firm is in Scotland then we may accept your membership without joining a consumer redress scheme.

*Continued* →



## 6. 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 CMP to void my membership immediately and without appeal.

I understand that CMP reserves the right to check the financial suitability of those persons named as the Principal, Partners or Directors of the Company with credit referencing organisations. CMP also reserves the right to request accountant's reports or declarations where necessary to clarify matters arising from such enquires. Individuals listed in this form will be held responsible for the company in accordance with the CMP Terms and Conditions of Membership.

- I have read, understood, and accept the CMP Terms and Conditions of Membership.
- I accept that by completing this declaration I am bound by the contractual terms of Membership under the CMP Terms and Conditions of Membership.
- I accept that by submitting this application binds the business, me, my estate and my personal representatives.
- I agree to receive information, discounts and special offers from the HFIS PLC group of companies or carefully selected private rented sector third party organisations.

Your Full Name\*

Position in company\*

The following details will be used to access your Member's Area. Please provide your password which should be at least 8 characters and not contain your real name or company name.

Password for logging into your online account:\*

Please confirm Password\*

### Security word

We will ask you for a security word when we call you or when you call our offices e.g. mother's maiden name, first pet, etc.

Security Password\*

Password Hint\*

### Discount code

If you have a discount code then write it here:

\*All fields are mandatory

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## EXTRA BRANCH DETAILS (re-use this page)



### Branch:

Branch Name*	<input type="text"/>
Title*	<input type="text"/>
Contact First Name*	<input type="text"/>
Contact Last Name*	<input type="text"/>
Business Address Line 1*	<input type="text"/>
Business Address Line 2	<input type="text"/>
Business Address Line 3	<input type="text"/>
Business Address Line 4	<input type="text"/>
Town/City	<input type="text"/>
County*	<input type="text"/>
Post Code*	<input type="text"/>
Telephone No.*	<input type="text"/>
Email*	<input type="text"/>
Re-Enter Email*	<input type="text"/>

Does this Branch operate as a separate legal entity?

Yes  No

Disclaimer - It is a condition of membership that all head offices and branches must be included within membership of CMP. All Branches approved by CMP are bound by the CMP Terms and Conditions. Members may add additional branches to their membership if the branch meets the following criteria:

1. The branch must have the same legal identity as the Head Office (i.e. if set up as a limited company, the Head Office And branch must be part of the same limited company).
2. The branch must use the same segregated client money account as the Head Office, with money movements controlled by the Head Office. If a branch fails to meet the criteria as specified above, then the premises are considered a Head Office and must apply to Join CMP as a member in its own right.

\*All fields are mandatory

Continued →

## OWNER EXTRA ADDRESS DETAILS (re-use this page)



We require the contact details of two directors, principals or owners of the company:

Title*	<input type="text"/>
Contact First Name*	<input type="text"/>
Contact Last Name*	<input type="text"/>
Home Address Line 1*	<input type="text"/>
Home Address Line 2	<input type="text"/>
Home Address Line 3	<input type="text"/>
Town/City	<input type="text"/>
County*	<input type="text"/>
Post Code*	<input type="text"/>
Time lived at address*	<input type="text"/> to <input type="text"/>

\*All fields are mandatory