

SELLERS QUESTIONNAIRE

Client name:

Please supply (and where appropriate confirm or amend) the following details:

ABOUT YOU:

1. Your full name(s) including middle names with title

First

Middle

Surname

Seller 1:

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Seller 2:

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2. Address details

Seller 1:

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Seller 2:

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3. Date of Birth, National Insurance No, Contact Telephone Numbers & E-mail

Date of Birth

National Insurance Number

Seller 1:

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Seller 2:

--	--

Daytime No.

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Evening No.

Mobile No.

Seller 1:

Seller 2:

Email

Seller 1:

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Seller 2:

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We will normally communicate with you using e-mail and the postal system.

If you would like to opt out of e-mail correspondence please tick the following box.

ABOUT YOUR SALE:

1. Full address of property

2. Sale Price: £

3. Estate Agent's Name, Address and Telephone No (if none please state No Agent):

Estate Agent name:	
Address:	
Tel No.:	
E-mail:	

4. If there are any mortgages/secured loans please provide lender's name and account number(s).

Lenders Name:	
Mortgage Acc No:	
2 nd Lender's Name (if any):	
2 nd Mortgage Acc No:	

5. Do you hold any Title Documents/Deeds, planning permission, NHBC documents, original Leases, indemnity policies etc? If so, please forward the originals.

6. How do you wish the sale proceeds (if any) to be dealt with following completion?

a) Cheque to be sent to your new address following completion;

or

b) Monies to be remitted by telegraphic transfer to your bank. If yes please supply bank details.

transfer supply

Bank Name:
Bank Address:
Account Name:
Sort Code:

and/or

c) To be used for related purchase transaction.

7. Would you like to make a Will or amend your existing Will? New Will Amend Will

8. Please provide your bank details for payment of any monies required throughout your matter.

Sort Code: Account No: Name:

I confirm that I accept the terms set out in your client care letter and you Terms of Business accessible via www.vassolicitors.co.uk and declare that the information contained herein is true to the best of my knowledge.

Signed

Dated