



REGISTRATION FORM

Licensed Agent REAA 2008

Number of intended occupants (including applicant/s)
Adults Children Ages of children

Occupant 1 - FULL Name DOB
Occupation Employer
Present Address
Length of Tenancy at address above
Previous Address
Length of Tenancy at address above
Phone numbers: Home Work Cell
1) Have you ever been convicted of a Criminal Offence? Yes/No 2) Smoker Yes/No
3) Do you have Contents Insurance? Yes/No 4) Pets Cat/Dog

Occupant 2 - FULL Name DOB
Occupation Employer
Present Address
Length of Tenancy at address above
Previous Address
Length of Tenancy at address above
Phone numbers: Home Work Cell
1) Have you ever been convicted of a Criminal Offence? Yes/No 2) Smoker Yes/No
3) Do you have Contents Insurance? Yes/No 4) Pets Cat/Dog

Previous and current rental references: Name
Contact Number Written reference to be provided Yes/No

Names of others to occupy:

- 1. I/we acknowledge that the above information is correct.
2. I/we agree to pay to First Avenue Property Management Limited the Letting Fee of one weeks rent plus GST should suitable accommodation be found through that company.
3. I/we agree First Avenue Property Management Limited has the right to carry out any reference and credit checks prior to granting of any tenancy as considered necessary.
4. Any default/debit incurred by me during any tenancy granted by First Avenue Property Management Limited may be registered with Veda Advantage or other relevant agency.

Signed: Date: Identification:

Signed: Date: Identification:

How did you hear about this property? Trade Me [] First Avenue Website [] Newspaper [] Other []