How	did	VOL	hear	about	us?
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## **Client Information Sheet - Sale Transaction**

Please fill out the following as accurately as possible

Personal D				GODDARD DUNBAR
Full name(	(s) of the Seller(s):			& ASSOCIATES LTD
(1)				
(2)				
Date of Bir	rth(s):			
(1)				
(2)				
National Ir	nsurance Number(s):			
(1)				
(2)				
Occupatio	n:			
(1)				
(2)				
Full Reside	ential Address:			
(1)				
(2)				
Length of	time at current Addre	ess:		
(1)	Years	Months		
(2)	Years	Months		
Contact De	etails:			
(1) Ho	me		Mobile	
Em	nail			
(2) Ho	me		Mobile	
En	nail			

Preferable Correspondence Method Post Email Please note your chosen method will be used so far as possible however, some legissued to you by post.	al documents will need to be						
Transaction Details: -							
Full Address for Sale:							
Sale Price: £							
Are you selling as the Legal Registered Owner or in another capacity? (e.g. Executor or Attorney)	Yes						
If no, please confirm the name of the registered owner and the capacity in which you are selling:	No □						
Does anyone over the age of 17, other than yourself reside at the Property?	No 🗌						
If yes, please confirm their full name:	Yes						
Is the Property Mortgaged: No □							
Yes  Who is your Lender:							
If yes to the above; please provide your mortgage account number:							
How do you wish to receive your Sale Proceeds:							
We are able to do this for you by cheque with no additional charge or by bank transfer, at a fee of £36, which will be deducted from the sale proceeds.							
Cheque ☐ Bank Transfer ☐							
If a Bank Transfer is preferable, please provide a copy bank statement showing the Account Name, Number and Sort Code of the appropriate account.							
Please provide a Correspondence Address for when the matter has complete:							