

Property Questionnaire

1 Introduction

This questionnaire should be completed for each property that is to be purchased/transferred.

If more than one member is purchasing the property the additional members should complete Appendix 1.

Please note that making a false declaration on this application can have serious consequences.

Please refer to our SIPP Property Purchase Guide before completing this form. The guide can be downloaded from our website here: http://www.yorsipp.com/investments/.

Please also refer to our SIPP Fee Schedule for details of the fees that apply to property transactions. This can be downloaded from our website here: http://www.yorsipp.com/products-services/sipp/sipp-fees/.

Direct investment in property is only available under our Full SIPP. The fees for the Full SIPP can also be found on the SIPP Fee Schedule.

2 Member Information

Member Name	Title	Forename(s)					Surname			
Member Number										
Please indicate here if t		Yes		No						
Does the property form	n part of an in-	specie transfer?		Yes		No				
Does the property form	part of an in-	specie contribu	tion?	Yes		No				
3 Property Information										
Property Address										
							Postcode			
Type of Property										
Title Number(s)										
Is the property being p	urchased fron	n a connected p	arty?					Yes		No
Does the property cont	tain residentia	l accommodati	on?					Yes		No
Has the property been	registered at l	and Registry?						Yes		No
Is the property Freehold or Leasehold?						Freehold		Leasehold		
If Leasehold, please state the remaining term years										
Annual ground rent (if applicable)	£									
Is the property to be jointly owned?							Yes		No	
If yes please provide details of the joint owners:										
Is there any refurbishment or development work to be carried out? If yes please provide details at section 9							Yes		No	
Is the property adjacent to property owned by a connected party?							Yes		No	

4 Purchase Information Purchase Price £ VAT £ £ £ **Development Costs** VAT Is the property currently VAT elected? Yes No Are the Trustees to Opt to Tax the property? Yes No Is the purchase to be treated as a transfer of a going concern? Yes No Please note the property must be VAT elected for a transfer of a going concern to take place. **5 Funding Information** Source of Funds Amount 1 £ 2 £ 3 £ **6 Borrowing Information** Lender Name Lender Address Postcode **Contact Name** Tel No **Email Address** Loan Amount £ Term years Interest Rate % Repayment Frequency Monthly Quarterly Is there to be an interest only period? Yes _ No If yes, please confirm the term months/years **Lender's Solicitor** Company Name Address Postcode

Tel No

Contact Name

Email Address

7 Lease Information Is the tenant a connected party? Yes No **Existing Lease** Company Name Address Postcode **Contact Name** Tel No **Email Address** Lease Start Date Term years £ **Current Annual Rent** Payment Frequency Monthly Quarterly Is this lease to remain after the purchase? Yes No **New Lease** Company Name Address Postcode Contact Name Tel No **Email Address** Lease Start Date Term years **Annual Rent** £ Payment Frequency Monthly Quarterly **Tenant's Solicitor** Company Name

Address Postcode Contact Name Tel No

Email Address

8 Professional Appointments

Solicitor							
Company Name							
Address							
	Postcode						
Contact Name				Tel No			
Email Address							
Surveyor							
Company Name							
Address							
				Postcode	2		
Contact Name			Tel No				
Email Address		<u> </u>					
Financial Adviser							
Company Name							
Address							
				Postcode	2		
Contact Name			Tel No				
Email Address							
Do you wish your Fig	nancial Advicer to receive remu	un avation for this tran	acaction	,	Voc. No.		
Do you wish your Fla	nancial Adviser to receive remu		isactioi	11	Yes No		
Amount	£	or Percentage o	f purch	ase price	%		
Vendor							
Company Name							
Address							
				Postcode	2		
Contact Name			Tel No				
Email Address							
Vendor's Solicitor							
Company Name							
Address							
				Postcode			
Contact Name			Tel No				
Email Address							
Sales Agent							
Company Name							
Address							
				Postcode	2		
Contact Name			Tel No				
Fmail Address							

9 Development/Project Management

Development/Refurbishment Information					
Company Name	ny Name				
Address					
		stcode			
Contact Name	Tel	No			
Email Address					
10 Property	Manager				
Company Name					
Address					
	Pos	stcode			
Contact Name	Tel	No			
Email Address					
11 Additiona	al Information				

12 Member Declaration

I/We confirm that I/we have read and understood the Yorsipp SIPP Property Purchase Guide, and where relevant have discussed with my/our Financial Adviser, and understand the following:

I/We confirm that I/we wish to purchase the property as an investment in my pension scheme.

Yorsipp (Trustees) Ltd will instruct the aforementioned firms, individuals and companies in connection with the property purchase. I/we understand that Yorsipp do not have responsibility for the performance of the said companies.

All instructions to the aforementioned firms must be instructed by Yorsipp (Trustees) Ltd and that I/we cannot make a binding agreement or contract on behalf of Yorsipp.

I/We understand that incorrect, or failure to disclose, information may delay the purchase. Where it is contrary to current legislation this may lead to tax penalties.

Yorsipp shall have no personal liabilities under any covenants, obligations on its part contained in any documentation, whether express or implied, relating to the property. The liabilities of Yorsipp shall be limited to the extent of the assets for the time being held under the pension arrangements of the member signing this application under the scheme.

I/We undertake not to make any claim against Yorsipp in respect of any defect in title, state, or condition of the property and/or resulting from the management, repair, refurbishment, development, value marketability of the property, or otherwise.

I/We confirm where the property purchase is on behalf of more than one member that Yorsipp may disclose information relating to the property to all members and their agents.

Where the purchase is on behalf of more than one member the nominated member for co	ntact is:
All correspondence will be sent by email, where appropriate, please provide a contact ema	il address:
It is the responsibility of the nominated member to inform all group members of informati	on provided.
The nominated member will also be the contact for all post purchase correspondence, unlegroup members.	ess notified to us in writing and agreed by all
If a syndicate agreement or other multi-member agreement is entered into, it is the memb their needs.	ers' responsibility to ensure it is suitable for
I/We the member(s) give authority for you to provide copies of the property account and al members.	ll relevant information to any of the participating
I/We confirm the nominated member may give instructions on behalf of the group regardi agreements etc.	ing all matters including bank borrowing, lease
I/We understand that if the property purchase does not proceed for any reason, an Aborte include where Yorsipp decides not to permit the investment, for any reason that becomes assessment/administration of the purchase. Please see our SIPP Fee Schedule for the curre http://www.yorsipp.com/products-services/sipp/sipp-fees/.	known once work has commenced on the
Signature	

Date

Appendix 1

Member Name	Title Forename(s)		Surname			
Member Reference						
Signature						
Member Name	Title	Forename(s)	Surname			
Member Reference						
Signature						
Member Name	Title	Forename(s)	Surname			
Member Reference						
Signature						
Member Name	Title	Forename(s)	Surname			
Member Reference						
Signature						
Member Name	Title	Forename(s)	Surname			
Member Reference						
Signature						
Member Name	Title	Forename(s)	Surname			
Member Reference						
Signature						
Member Name	Title	Forename(s)	Surname			
Member Reference						
Signature						
Member Name	Title	Forename(s)	Surname			
Member Reference						
Signature						



Insurance Policy Declaration

For use when selecting own insurer for purposes of insuring property held by Yorsipp (Trustees) Limited under the SIPP Member Number(s) noted below.

Please complete a separate declaration for each property held if applicable.

Member Name(s)	Tit	le	Forename(s)	9	Surna	ame			
	Tit	le	Forename(s) Su		Surna	urname			
	Tit	le	Forename(s)	9	Surna	nme			
Member Number(s)								
Property Address									
		Postcode							
Name of Insurer				Policy Nu	ımbei	r			
I confirm that the ir	I confirm that the information listed below can be found in the insurance policy as follows:								
		Where is this confirmed in the policy? for example Page x, Section y, Clause z							
	1	Policy is	in the name of Yorsipp (Trustees) Limited						
	2	2 Reinstatement value is adequate and accordance with the latest property valuation (please provide a copy of the latest valuation if not already provided)							
	3	3 Policy contains 36 months loss of rent cover							
	4	Policy in	cludes public liability insurance of at least £	£5 million					
If any part of your insurance policy does not cover the above please contact us immediately.									
Signature						Date			

The information in the policy will be verified by Yorsipp (Trustees) Limited and where we feel the cover is not adequate or does not meet our requirements we will contact you. A charge will apply for the work involved in reviewing the policy. Please refer to our SIPP fee schedule for the current charge: http://www.yorsipp.com/products-services/sipp/sipp-fees/All fees are subject to VAT.







www.yorsipp.com

