

Premier SIPP

## Property Questionnaire



For individuals intending to purchase Commercial  
Property or Land through a Premier SIPP

## Personal Information

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Surname	<input type="text"/>
Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) <input type="checkbox"/>
Forenames (in full)	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Post Code"/>
Telephone Number (Inc STD code)	<input type="text"/>
Mobile Number	<input type="text"/>

## Solicitor Details

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Contact Name	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Post Code"/>
Telephone Number (Inc STD code)	<input type="text"/>
Facsimile Number	<input type="text"/>
E-Mail Address	<input type="text"/>

## Property Information

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Property Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Post Code"/>
Property Description (e.g. warehouse, offices etc.)	<input type="text"/>
Is the property registered at the Land Registry?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Tick as appropriate</i>
Title No. (if known)	<input type="text"/>
Please state whether the premises are Freehold or Leasehold	<input type="text"/>
If leasehold, length remaining on the existing lease	<input type="text"/>
Approximate age of the property	<input type="text"/>
Purchase Price	<input type="text" value="£"/>
VAT (if applicable)	<input type="text" value="£"/>
Total Purchase Price	<input type="text" value="£"/>

Will you "VAT opt" the property?

Yes  No

Is this to be treated as a transfer of a going concern?

Yes  No

Proposed date of exchange

Proposed date of completion

Does the property include a residential element?

Yes  No

Unusual provisions (if known) e.g. options, rights etc.

## Lease Information

**Existing Tenant (full name)**

Address

Post Code

Telephone Number

Rent per annum

Term remaining

**Proposed New Tenant (full name)**

Address

Post Code

Telephone Number

Proposed Rent

Frequency

Term

**Tenant's Solicitor's Name**

Address

Post Code

Telephone Number

Facsimile Number

E-Mail Address

## Vendor's Details

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**Vendor (full name)**

Address

Post Code

Telephone Number

Facsimile Number

E-Mail Address

**Is the Vendor a Connected Party?**

**Vendor's Agent (full name)**

Address

Post Code

Telephone Number

Facsimile Number

E-Mail Address

**Vendor's Solicitor's Name**

Address

Post Code

Telephone Number

Facsimile Number

E-Mail Address

## Borrowing Information

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**If there is borrowing to assist the purchase, please supply a copy of the offer letter.**

**If no borrowing is required please tick this box**

**Lending Source (full name)**

Address

Post Code





Thank you for completing this application.

Please return the completed questionnaire to

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Premier Pension Services  
Fitzalan House,  
Fitzalan Road  
CARDIFF, CF24 0EL



**PREMIER**  
**PENSION**  
**SERVICES**

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