



Client: .....SIPP No (if known): .....

**PROPERTY FACT FIND**

Full name, address and Postcode of property .....  
 .....  
 .....

Full name, address and Postcode of Vendor .....  
 .....  
 .....

Is Vendor connected party? Yes No

**YOU MUST ANSWER YES TO ONE OF THE FOLLOWING FOR DENTONS PENSION MANAGEMENT LIMITED TO CONSIDER THE PURCHASE**

- |   |     |    |
|---|-----|----|
| Is the property wholly commercial   | Yes | No |
| Are you personally purchasing the freehold and simultaneously granting a long leasehold for the commercial element for the SIPP to purchase and does the residential element have its own separate entrance (the SIPP may not purchase a garage under such circumstances) | Yes | No |
| Is the property a Residential Care Home with the appropriate planning consent   | Yes | No |
| Is the property a bona fide Student Hall of Residence with the appropriate planning consent   | Yes | No |
| Is the property a registered Old Age Home with the appropriate planning consent   | Yes | No |
| Is the property a Hospice or Hospital with the appropriate planning consent   | Yes | No |
| Is the property a Prison  | Yes | No |

**IF YOU ARE IN DOUBT PLEASE CONTACT DENTON'S CONSULTANT FOR CLARIFICATION**

If the property meets the above criteria we will require the following information: -

- |   |     |    |
|---|-----|----|
| Are there any environmental issues that you are aware of                    | Yes | No |
| <b>In any event we will carry out a desktop environmental report</b>        |     |    |
| Is the property subject to the Control of Asbestos at Work Regulations 2002 | Yes | No |
| Is the property subject to an Energy Performance Certificate                | Yes | No |

Is the property Freehold or long leasehold F'hold L'hold

If long leasehold what is the remaining term of the lease .....

Is there a tenant and is the property subject to an existing lease Yes No

Name of Tenant .....

Is the tenant connected or associated with you in any way and, if so what is their connection .....

Date of Lease .....

Lease Expiry Date .....

Current Rent £.....

Next rent review date .....

When was last rent review conducted .....

Is the property VAT registered Yes No and has an Option to Tax been submitted Yes No

If property is VAT registered please confirm if you have been involved in running any other businesses either as a sole proprietor, partner or director. If so please complete details below:

Business Name	VAT Registration Number	Still trading Y/N

If property is registered for VAT is this to be the transfer of a going concern? Yes No

If Yes please provide :

1. Name of previous owner of business

\_\_\_\_\_

2. VAT registration number of the previous owner of business

\_\_\_\_\_

Are you purchasing the property with any other parties and, if so, what are their details .....

Anticipated Purchase price £.....

Estimated total cost (including expenses) £.....

To be funded by: Contribution £.....

Transfer £.....

Borrowing £.....

Deposit £.....

Expected Exchange date..... Expected Completion date.....

Is a loan facility required Yes      No

**IT IS A REQUIREMENT OF H M REVENUE & CUSTOMS THAT A PENSION SCHEME BORROWS NO MORE THAN 50% OF THE NET VALUE OF THE PENSION SCHEME**

Mortgage Amount £.....

Lender's Contact Details  
.....  
.....  
.....

Solicitor's Contact Details  
.....  
.....  
.....

Signed.....

Date.....

[Member's Full Name]