

REDSWAN SIPP ('SIPP')

Property Purchase / Sale Questionnaire

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Please complete sections 1 & 3 (if applicable) for property purchases / section 2 for sales

1. Complete this section for a property purchase

	Name:
	Address:
Member's / principal purchaser's details	Postcode:
	Contact no:
	Fax no:
	Email:
IF THIS IS TO BE A JOINT PU	RCHASE, PLEASE COMPLETE THE SUPPLEMENTARY INFORMATION IN SECTION 3 OF THIS FORM
NB: JOINT PURCHASES REQUIRE A SYNDICATE AGREEMENT TO BE PUT IN PLACE ON COMPLETION. THIS IS AN EXTRA LEGAL COST THAT SHOULD BE BORNE IN MIND. PLEASE	
	ONTACT US FOR MORE INFORMATION
Address of property to be	
acquired	
Type of property (eg, shop, pub, hotel)	
Proposed use (if different)	
Is there a residential element to the property?	Y / N
If yes, please provide more	
detail	
Title	Freehold / Leasehold
	Unexpired term of lease:
If leasehold	Leasehold ground rent:
11 leasenoia	Leasenoid ground rent.
	Landlord (if known):



	Name:
	Address:
Vendor's details:	
	Postcode:
	Contact no:
	Fax no:
	Email:
Is the vendor connected to you, your family or business?	Y / N
If yes, state how in detail	
Anticipated completion date	
Purchase price	£ exclusive of VAT & expenses
Is the property subject to VAT?	Y / N
If no, do you wish to VAT opt the property?	Y / N
Is the transaction to be a VAT transfer of going concern?	Y / N / not applicable
	BE REGISTERED / IS ALREADY SUBJECT TO VAT, REDSWAN WILL CES TO YOUR SIPP IN ACCORDANCE WITH YOUR SIGNED FEE
PROVIDE THESE SERVIO	AGREEMENT
Is a mortgage required?	Y / N NB – must not exceed 50% of your SIPP's net assets
Amount of mortgage	
Term	
	Contact name:
	Address:
Lender details (if	
applicable)	Postcode:
	Tel no:
	Fax no:
Existing tenant	Email:
(if applicable)	



Is any existing tenant connected to you, your family or business?	Y / N / not applicable
If yes, state how in detail	
	Contact name:
	Address:
Existing tenant's details (if applicable)	Postcode:
	Tel no:
	Fax no:
	Email:
PLEASE ATTACH A CO	PY OF THE CURRENT LEASE FOR ANY EXISTING TENANT(S)
	NCY, OR FOR ANY EXISTING ONE WITH AN UNSUITABLE OR NEW LEASE WILL BE DRAFTED BY THE TRUSTEES' SOLICITOR,
WHICH MUST BE SIGNED BEF	ORE OCCUPATION. UNLESS OTHERWISE AGREED, THE LEASE WILL G & INSURING ONE WITH UPWARDS ONLY RENT REVIEWS
DE A FULL REPAIRING	Contact name:
	Address:
Independent surveyor's	
details	Postcode:
	Tel no:
	Fax no:
	Email:
Is the property subject to the Control of Asbestos Regulations 2012?	Y / N NB – if Y an asbestos survey will be required
	Contact name:
	Address:
Vendor's solicitor's details	Postcode:
	Tel no:
	Fax no:
	Email:
THE TRUSTEES WILL ARRANGE A SUITABLE SOLICITOR'S APPOINTMENT FROM THEIR PANEL TO REPRESENT THEM IN THE TRANSACTION. YOU WILL BE ADVISED OF THE ANTICIPATED COSTS	



IMPORTANT:	
PLEASE NOTE THAT REDSWAN WILL HAVE TO INSURE THE PROPERTY IN THE TRUSTEES' NAMES FOR REINSTATEMENT, LOSS OF RENT, TERRORISM & PUBLIC LIABILITY FROM THE DATE OF COMPLETION. ANY SUCH EXISTING INSURANCES WILL THEREFORE HAVE TO BE CANCELLED AT THAT TIME. WHERE A LEASEHOLD IS PURCHASED AND THE FREEHOLDER IS RESPONSIBLE FOR THE BUILDING'S INSURANCE ONLY, THE TRUSTEES WILL SEPARATELY INSURE TO COVER THE ADDITIONAL PERILS.	
Please provide as much detail as possible about the construction material of the property, inc roof	
Age of property	years old
Listed building	Y / N
Occupier's trade (eg, greengrocer)	
Type of heating	
Contains a lift or other equipment requiring a statutory inspection?	Y / N
Please detail any claims in the last three years	
Has the property ever suffered / had a subsidence history?	
Buildings reinstatement cost (NB: NOT purchase price)	£
Does the property have a flat roof?	$Y \ / \ N$ NB – if Y, please specify approx % it represents of total roof coverage%

When returning this questionnaire, please enclose:

• If the tenant is a connected third party, a copy of the independent valuation of the purchase price & rental value

PLEASE REMEMBER TO SIGN THE LAST PAGE



2. Complete this section for a property sale

	Contact name:
	Address:
Purchaser's details	Postcode:
	Tel no:
	Fax no:
	Email:
Is the purchaser connected to you, your family or business?	Y / N
If yes, state how in detail	
Proposed sale date	
Sale price	£
	Contact name:
	Address:
Purchaser's solicitor's	
details	Postcode:
	Tel no:
	Fax no:
	Email:
	ANGE A SUITABLE SOLICITOR'S APPOINTMENT FROM THEIR PANEL TO E TRANSACTION. YOU WILL BE ADVISED OF THE ANTICIPATED COSTS

PLEASE REMEMBER TO SIGN THE LAST PAGE



3. Supplementary information for joint purchasers

% of the property to be owned by your SIPP	%
	% to be owned by them:
	Name:
	Address:
Any other purchaser's	
details	Postcode:
	Contact no:
	Fax no:
	Email:

	% to be owned by them:
	Name:
	Address:
Any other purchaser's details	Postcode:
details	Contact no:
	Fax no:
	Email:

PLEASE REMEMBER TO SIGN THE LAST PAGE



To the best of my knowledge, I declare all the above information is true and accurate.

Signed	
Name (IN CAPS)	
Capacity	Member
Date	

PLEASE RETURN THE COMPLETED FORM TO REDSWAN PENSIONS