

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<br>purchaser's details   | Postcode:  |
|   | Contact no:  |
|   | Fax no:  |
|   | Email:   |
| IF THIS IS TO BE A JOINT PU   | RCHASE, PLEASE COMPLETE THE SUPPLEMENTARY INFORMATION<br>IN SECTION 3 OF THIS FORM |
|   |  |
| NB: JOINT PURCHASES REQUIRE A SYNDICATE AGREEMENT TO BE PUT IN PLACE ON<br>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,<br>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<br>you, your family or<br>business?  | Y / N  |
|   |  |
| If yes, state how in detail                                     |  |
|   |  |
|   |  |
| Anticipated completion date                                     |  |
| Purchase price  | £ exclusive of VAT & expenses  |
| Is the property subject to<br>VAT?                              | Y / N  |
| If no, do you wish to VAT<br>opt the property?                  | Y / N  |
| Is the transaction to be a<br>VAT transfer of going<br>concern? | Y / N / not applicable   |
|   | BE REGISTERED / IS ALREADY SUBJECT TO VAT, REDSWAN WILL<br>CES TO YOUR SIPP IN ACCORDANCE WITH YOUR SIGNED FEE |
| PROVIDE THESE SERVIO  | AGREEMENT  |
| Is a mortgage required?   | Y / N<br>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<br>connected to you, your<br>family or business?   | Y / N / not applicable  |
|---|---|
| If yes, state how in detail   |   |
|   | Contact name:   |
|   | Address:  |
|   |   |
| Existing tenant's details (if<br>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<br>NEW LEASE WILL BE DRAFTED BY THE TRUSTEES' SOLICITOR, |
| WHICH MUST BE SIGNED BEF  | ORE OCCUPATION. UNLESS OTHERWISE AGREED, THE LEASE WILL<br>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<br>the Control of Asbestos<br>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<br>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<br>REINSTATEMENT, LOSS OF RENT, TERRORISM & PUBLIC LIABILITY FROM THE DATE OF COMPLETION.<br>ANY SUCH EXISTING INSURANCES WILL THEREFORE HAVE TO BE CANCELLED AT THAT TIME.<br>WHERE A LEASEHOLD IS PURCHASED AND THE FREEHOLDER IS RESPONSIBLE FOR THE BUILDING'S<br>INSURANCE ONLY, THE TRUSTEES WILL SEPARATELY INSURE TO COVER THE ADDITIONAL PERILS. |  |
| Please provide as much<br>detail as possible about the<br>construction material of the<br>property, inc roof   |  |
| Age of property  | years old  |
| Listed building  | Y / N  |
| Occupier's trade (eg,<br>greengrocer)  |  |
| Type of heating  |  |
| Contains a lift or other<br>equipment requiring a<br>statutory inspection?   | Y / N  |
| Please detail any claims in<br>the last three years  |  |
| Has the property ever<br>suffered / had a subsidence<br>history?   |  |
| Buildings reinstatement cost<br>(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<br>to you, your family or<br>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<br>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<br>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<br>details | Postcode:              |
| details                          | Contact no:            |
|                                  |                        |
|                                  | Fax no:                |
|                                  | Email:                 |

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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