

EMPLOYER SPONSORED MEMBER DIRECTED PENSION SCHEMES

(Small Self-Administered Schemes or 'SSAS')

Property Purchase / Sale Questionnaire

0845 890 1495 (NGN) | 0161 746 8650 (Geo) | 0161 241 5347 (Fax) | www.redswanpensions.co.uk

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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

	Nama
	Name:
	SSAS name & address:
SSAS's / principal	
purchaser's contact 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
	DECUIDE A SYNDICATE ACREEMENT TO BE DUT IN DIACE ON
COMPLETION. THIS IS AN	REQUIRE A SYNDICATE AGREEMENT TO BE PUT IN PLACE ON EXTRA LEGAL COST THAT SHOULD BE BORNE IN MIND. PLEASE
C	ONTACT US FOR MORE INFORMATION
Address of property to be	
acquired	
Type of property (eg, hotel)	
Proposed use (if different)	
Is there a residential element to the property?	Y / N
If yes, please provide more	
detail	
Tiala	Freehold / Lesssheld
Title	Freehold / Leasehold
	Unexpired term of lease:
If leasehold	Leasehold ground rent:
	Landlard (if known)
	Landlord (if known):

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	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
NB: IF THE PROPERTY IS TO BE REGISTERED / IS ALREADY SUBJECT TO VAT, REDSWAN WILL PROVIDE THESE SERVICES TO YOUR SSAS IN ACCORDANCE WITH YOUR SIGNED FEE AGREEMENT	
Is a mortgage required?	Y / N NB – must not exceed 50% of your SSAS's net assets
Amount of mortgage	
Term	
Lender details (if applicable)	Contact name:
	Address:
	Postcode:
	Tel no:
	Fax no:
	Email:
Existing tenant	
(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)
NB: FOR A NEW TENAI	NCY, OR FOR ANY EXISTING ONE WITH AN UNSUITABLE OR NEW LEASE WILL BE DRAFTED BY THE PROFESSIONAL TRUSTEE'S
SOLICITOR, WHICH MUST BE	SIGNED BEFORE OCCUPATION. UNLESS OTHERWISE AGREED, THE AIRING & INSURING ONE WITH UPWARDS ONLY RENT REVIEWS
LEASE WILL DE A FOLL REP.	Contact name:
	Address:
Independent surveyor's	
details	Postcode:
	Tel no:
	Fax no:
	Email:
Is the property subject to the Control of Asbestos	Y / N
Regulations 2012?	NB – if Y an asbestos survey will be required
	Contact name:
	Address:
Vendor's solicitor's details	Postcode:
	Tel no:
	Fax no:
THE DROFFSSIONAL TRUST	Email: E WILL ARRANGE A SUITABLE SOLICITOR'S APPOINTMENT FROM
ITS PANEL TO REPRESENT THE TRUSTEES IN THE TRANSACTION. YOU WILL BE ADVISED OF THE	
ANTICIPATED COSTS	



	IMPORTANT:
PLEASE NOTE THAT THE PROPERTY WILL HAVE TO BE INSURED 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, WE 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

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2. Complete this section for a property sale

	Contact name:
	Address:
Purchaser's details	Postcode:
	Tel no:
	Fax no:
Is the purchaser connected	Email:
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:
THE PROFESSIONAL TRUSTEE WILL ARRANGE A SUITABLE SOLICITOR'S APPOINTMENT FROM ITS PANEL TO REPRESENT THE TRUSTEES IN THE TRANSACTION. YOU WILL BE ADVISED OF THE ANTICIPATED	
COSTS	

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3. Supplementary information for joint purchasers

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

	% to be owned by them:
	Name:
	Address:
Any other purchaser's	
details	Postcode:
	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