

Conveyancing Instruction Form: **Sale Only**

PLEASE COMPLETE ALL SECTIONS OF THE FORM WITH AS MUCH INFORMATION AS POSSIBLE

Seller 1 - Personal Details

Title: <i>(please tick)</i>	Mr.	<input type="checkbox"/>	Miss.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Dr	<input type="checkbox"/>
First names:										
Surname:										
E-mail address:										
Home telephone number:										
Daytime telephone number:										
Mobile telephone number:										
Current Address										
Town:										
County:										
Postcode:										

Seller 2 - Personal Details *(if applicable)*

Title: <i>(please tick)</i>	Mr.	<input type="checkbox"/>	Miss.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Dr	<input type="checkbox"/>
First names:										
Surname:										
E-mail address:										
Home telephone number:										
Daytime telephone number:										
Mobile telephone number:										
Address <i>(if different from above)</i> :										
Town:										
County:										
Postcode:										

About your Sale

Address of property	
Address:	
Town:	
County:	
Postcode:	
Sale Price:	£

Wirral
 Ground Floor, Rosebrae Court
 Woodside Ferry Approach
 Birkenhead, Wirral, CH41 6DU

London
 49 Britton Street
 London
 EC1M 5UL

Warrington
 Ibis Court, Lakeside Drive
 Centre Park, Warrington
 Cheshire, WA1 1RL

Hemel Hempstead
 Unit 5, Finway Road
 Hemel Hempstead
 HJP2 7PT

Tel: 0151 647 3000
 Fax: 0151 647 7913

Tel: 0207 251 9900
 Fax: 0207 490 1275

Tel: 01925 428 360
 Fax: 01925 428 361

Tel: 0870 950 8305
 Fax: 0870 950 8306

www.specterpartnership.co.uk
enquiries@specterpartnership.co.uk

About your Sale (Continued)

Are there any agreed extra items? (e.g., Carpets - £250).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please list the name and value of each item on a separate piece of paper			
Has either of you even been made bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Desired completion date (for information purposes only and cannot be guaranteed at this time):			
National Insurance Number (only required for buyers):			
If the property is being sold via an Estate Agency state the name and location of the agency dealing with the sale:			
Name & Town of Estate Agent:			
If there is no agent selling the property, state the name and address of the person(s) buying the property:			
Name(s) of Buyer(s):			
Address:			
Town:			
County:			
Postcode:			
Telephone number			
Name and address of the Building Society/Bank holding the title deeds:			
Name:			
Address:			
Town:			
County:			
Postcode:			
Account number with your Lender (without this we are unable to obtain your deeds):			
Do you have any other mortgages or loans secured against this property? If so please provide details including the account numbers:			
What is your future address (if known):			
Address:			
Town & County:			
Postcode:			

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Excess funds

On completion of your matter, we may need to issue a cheque for any funds. If this is necessary, could you please advise of whom the cheque should be made payable to:-

Name: (s)	

Additional Works to Property

Has any of the following work been carried out to the property since it was built? Please tick the boxes below:

Extensions:	Yes	No	Date carried out:
Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Loft Conversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Removal of internal wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Conservatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Any other structural alternations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Have you obtained any consent for the above works?	<input type="checkbox"/>	<input type="checkbox"/>	

If you have answered 'YES' to any of the above, please supply details together with all planning consents, building regulations approvals and consents of any ground landlord or freeholder.

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Have You Made A Will?

MAKING A WILL GIVES YOU PEACE OF MIND THAT YOUR FAMILY'S FUTURE IS SECURE

A Will is an important legal document which allows you to decide how your estate is to be dealt with in the event of your death. If you should die without making a Will, strict rules govern how your estate is dealt with which may not be in accordance with your wishes. Married couples often assume that their spouse will automatically inherit but this may not be the case. A Will is essential for unmarried couples.

Reasons to make a Will

- Intestacy
- Civil partnership, Marriage, divorce: revoke will
- Guardianship: children under 18
- Certainty: Save arguments for family over who gets the valuable watch etc – you will have control over your assets and who receives them
- Inheritance tax savings such as nil rate band
- Property bought under shared ownership schemes: buyers require a Will as part of the contract
- Power of attorney: Lasting power of attorney in case of later incapacity and if spouses own property as tenants in common as spouse will not be able to sign contracts for them (both signatures required)
- Long term care planning: costs of going into a home and also keeping your home safe
- Choice of executors & trustees: people you know and trust
- Executorship service: we can be your executors - probate service
- Business property relief if clients own a business
- Deed of variation: within 2 years can insert the nbr trust and help in event of intestacy

Please tick one of the following statements, whichever applies, and return with the enclosed documentation:

1. I do not have a Will and would like further information on this subject.	<input type="checkbox"/>	<input type="checkbox"/>
2. I would like to review my current Will.	<input type="checkbox"/>	<input type="checkbox"/>
3. I have a current Will, which is appropriate to my circumstances (we recommend a review every 5 yrs).	<input type="checkbox"/>	<input type="checkbox"/>
4. I do not have a Will and do not wish to consider making one at this time.	<input type="checkbox"/>	<input type="checkbox"/>
5. I would like to instruct The Specter Partnership to draft / review my will / wills.	<input type="checkbox"/>	<input type="checkbox"/>

Please note that a 10% discount is given to all new and existing clients on our will drafting service

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Authority to Act: **Sale Only**

PLEASE READ THIS DOCUMENT, SIGN AND RETURN TO THE RELEVANT OFFICE.

DECLARATION

I / **we** would like to authorise The Specter Partnership Solicitors to act on **my / our** behalf in relation to my conveyancing transaction .

CLIENT 1

Signed:

Print Name:

Dated:

CLIENT 2

Signed:

Print Name:

Dated:

Please sign your name(s) above and return this form to us as soon as possible by way of acceptance of the terms and conditions of our appointment as set out in these forms.

Please note that we are unable to process your transaction until we receive this form back from you.

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