**Third-Party Referral Form**

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| **Referring Agency** |
| **Agency**: London Property Services & Consultancy  **Tel No: 0203 576 3174**  **Address**: N/A **Email Address**: [info@lpsandconsultancy.co.uk](mailto:info@lpsandconsultancy.co.uk)  **Post Code**: N/A |
| **Client Details** |
| **Name:** Mr/Mrs/Miss/Ms **Tel:**  **Address: (Optional) Email:**  **Post Code: (Optional)**  **Is an interpreter needed? Yes No If yes, which language?** |
| **Summary of Client’s Problem** |
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| **Reason for referral** |
|  |
| **Agency Referred to** |
| **Name: Tel:**  **Address: Email Address:**  **Post Code:** |
| **Client Authorisation for Referral** |
| **Once you complete and return this form, please be advised that it is solely your responsibility to liaise directly and independently with the selected referral agency. Our** [**legal**](https://www.lpsandconsultancy.co.uk/general-9) **notice applies.**  **I, [insert full name] have read, and understood the above disclaimer, legal notice, and authorise my case to be referred to the above agency, [insert agency name] and [Date].** |
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