**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**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** |
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| **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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