

INFORMATION FORM

BOX RESERVED FOR ADMINISTRATION EURO CIL Relocation

COMPANY :

REFERENCES :

MANAGEMENT TEAM:

PROCESSED BY:

SURNAME :

FIRST NAME :

DOB:

COMPANY:

JOB TITLE:

DEPARTMENT :

PROFESSIONAL CATEGORY (PER INSEE CLASSIFICATIONS) :

Office Employee WORKER EXECUTIVE DIRECTOR/CEO

TYPE OF CONTRACT:

Permanent Fixed term

REASON FOR THE MOVE:

New posting New recruitment

TELEPHONE :EXT :

E-MAIL :

DATE :/...../.....

PLEASE RETURN TO:

MME TROUBAT D'AUBIGNY

FAX 04 91 13 91 04

TEL : 04 91 13 04 35

E MAIL : C.TROUBAT_DAUBIGNY@UNICIL.FR

PRESENT ACCOMMODATION

HOUSE

FLAT

TOWN CENTRE

SUBURB

COUNTRY

TYPE STUDIO, ONE BEDROOM, TWO BEDROOM, THREE BEDROOM, FOUR BEDROOM OTHER:

.....

1/ TENANT MONTHLY RENT EXCL. SERVICE CHARGES

.....

2/ OWNER WHEN DID YOU BUY THE PROPERTY? :

.....

MONTHLY MORTGAGE REPAYMENTS:

.....

HOW DO YOU ENVISAGE YOUR SITUATION AFTER THE MOVE

DATE PLANNED FOR THE MOVE:

DATE PLANNED FOR THE FAMILY TO JOIN YOU:

.....

YOUR HOUSEHOLD'S ESTIMATED INCOME AFTER THE MOVE:

.....

NUMBER OF INCOMES IN YOUR HOUSEHOLD:

NET TAXABLE INCOME YEAR N-2:

NEXT NET INCOME IN FRANCE :

YOUR FUTURE HOME

DESIRED ACCOMODATION

A SHORT LET
FURNISHED

A LONG LET
UNFURNISHED

WHEN WOULD YOU LIKE TO MOVE IN?
IMMEDIATELY INYEAR(S)

HOUSE FLAT
TOWN CENTRE OUTSKIRT

TYPE STUDIO, ONE, TWO, THREE, FOUR BEDROOM
OTHER.....

ANY REFERED LOCATION :
.....

PRIORITY GIVEN TO PROXIMITY TO:

WORK PLACE AT A DISTANCE OF.....SHOPS

SCHOOLS CHILDCARE FACILITES, NURSERIES OTHER :
.....

MAXIMUM RENT INCLUDING .SERVICE CHARGES :
.....

IF YOU ARE PLANNING TO BUY, WHAT IS YOUR PRICE LIMIT ?
.....

NUMBER OF VEHICLES:

PUBLIC TRANSPORT

OTHER :

NOTES ON ANY PARTICULAR NEEDS OR QUERIES

INTERESTS