

Form CA10

Advisor:



Active Tax Solutions

0845 388 5987

Name of client:

Company or LLP number (if applicable):

Address / Registered address (as applicable):

Post Code:

Correspondence address (if different to above):

Contact name (if company or LLP):

Telephone:

Fax:

Email:

Address of Property

Post Code:

Month/year of purchase:

Purchase price:

Was a valuation undertaken?

☐ Y / ☐ N

Valuation report attached?

☐ Y / ☐ N to follow

If no report or valuation undertaken (or to follow)

brief description of the property:

the floor area:

Form CA10 (Continued)

History of any works since purchase:

ACCOUNTANCY FIRM INFORMATION

Name:

Address:

Post Code:

Contact Person Name:

SOLICITORS / LICENSED CONVEYANCERS INFORMATION

Name:

Address:

Post Code:

Contact Person Name:

OFFICE USE ONLY:

Purchase price higher than £200,000?

☐ Y / ☐ N

If no, has there been works?

☐ Y / ☐ N

If no, refer to SD or JP?

☐ Y / ☐ N

Solicitors details?

☐ Y / ☐ N

Accountants details?

☐ Y / ☐ N

T&C signed?

☐ Y / ☐ N

Supplementary Property Specifications

ABOUT THE BUILDING

How many storeys does the property have?

If more than one storey does the property have a lift? If yes, detail the capacity.

What type of external walls does the property have?

What type of roof does the property have?

Does the property have a basement? *If so, please give details.*

If the property was built by the owner was there any land remediation undertaken?

HEATING AND LIGHTING

1. Does the property have:

a. Heating? ☐ Y / N ☐ *If yes, please provide details:*

b. Air conditioning? ☐ Y / N ☐ *If yes, please provide details:*

c. Ventilation? ☐ Y / N ☐ *If yes, please provide details:*

d. Extract systems? ☐ Y / N ☐ *If yes, please provide details:*

Form CA10 Appendix I

Supplementary

Property Specifications *(Continued)*

2. Does the property have:

- a. Separate lighting from power? ☐ Y / N ☐
- b. If the power is separate, is it single phase or three phase? ☐ Single ☐ Three Phase
- c. Is there specialist lighting? ☐ Y / N ☐ If yes, please provide details:

FIRE AND SECURITY SYSTEMS

Does the property have:

- | | | | |
|-----------------------------|---|----------------------------|---|
| a. Fire alarm system? | <input type="checkbox"/> Y / N <input type="checkbox"/> | d. Intruder & CCTV system? | <input type="checkbox"/> Y / N <input type="checkbox"/> |
| b. Smoke detections system? | <input type="checkbox"/> Y / N <input type="checkbox"/> | e. Telecoms system? | <input type="checkbox"/> Y / N <input type="checkbox"/> |
| c. Sprinkler system? | <input type="checkbox"/> Y / N <input type="checkbox"/> | f. Data system? | <input type="checkbox"/> Y / N <input type="checkbox"/> |

CATERING AND WASHROOMS

1. Does the property have any catering facilities or staff restaurant? ☐ Y / N ☐
2. How many toilets are there?
3. Does the property have separate hot & cold water supplies? ☐ Y / N ☐
- If so, please provide further details.*

OTHER APPARATUS

Describe here any other apparatus the property may have, not covered by the above. This might include, for instance, solar panels, security doors or barriers, air compression systems (e.g. for hand power tools), etc.