

RELOCATION QUESTIONNAIRE



The
RELOCATION
BUREAU

Please complete this Questionnaire and return it to us as soon as possible.
Please use BLOCK CAPITALS. Please write all dates in full e.g. "01 JAN 2003 or JAN 01 2003" to avoid mistakes or misunderstandings.

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If your move has not yet been announced please tell us so that we can be discrete when calling you.

Thank you for your patience and kind assistance.

ABOUT YOU

Last Name:		First Name(s):	
Company:		Position:	
Current Office Address:	(please include any mail stop or postal codes)	Nationality:	
		Date of Birth:	(e.g. JAN 01, 1972 or 01 JAN 1972)
		Current Office Phone:	
		Current Office Fax:	(This fax number is PRIVATE / NOT PRIVATE)
		Current Office Email:	
		Current Mobile Phone:	
Official Transfer Date:		Assignment Length:	
House hunting Trip Dates:	Arrive: Depart:	Hotel / Temporary Address:	(If you need advice, or a booking, then please ask)

ABOUT YOUR DEPENDANTS

Spouse Name:		Nationality:	
Spouse Occupation:		Expected Move Date:	
Children's Names:	Date of Birth	Sex	Any Special Needs / Requirements

Any Other Dependants Who Will Be Moving With You:	(please give full details. please use a separate sheet if space is too limited)
Any Pets Who Will Be Moving With You:	(please give details of type / breed of animal, size, age and sex as appropriate)

ABOUT YOUR CHILDREN'S SCHOOLING

Children's Names:	School Year or Grade:	Schooling Requirements: (e.g. International or US, UK Private or UK State school, Catholic school, etc.)

ABOUT YOUR CURRENT HOME

Current Home Address:	(please include any postal code)	Type of Area:	(e.g. City, Town, Edge of Town, Village, Country)
		Property Type and Size:	
		Home Phone:	
		Home Fax:	
		Home Email:	

ABOUT YOUR HOUSING REQUIREMENTS

Do You Want to Rent or Purchase:	RENT / PURCHASE	If you would like to purchase a property then please ignore the questions in the block immediately below and instead complete our House Purchase sheet.	
Furnishings:	need a furnished rental / bringing our own / purchasing new / renting furniture separately		
Housing Allowance: (specify currency)	per week / month / annum?	To Include Utilities and Local Taxes?:	utilities: YES / NO local taxes: YES / NO
Lease Signatory:	you / your company?	Name For Utility Accounts:	you / your company?
Draft Lease To Be Vetted By:	company / company legal advisors / our legal service?	Utility Accounts To Go To:	your company / the property?

New Office Address:	(please include any mail stop or postal codes)	Max. Commute Time/Distance:	
		How Will You Commute:	(e.g. Car, Train, Underground, Bus, etc.)
Target Housing Search Area(s):	(If you know where you want to be, then please be as specific as possible. If you need advice, then specify the preferred area type below)		
Do You Know This Area:	Yes / Somewhat / No	Preferred Type of Area:	(e.g. City, Town, Edge of Town, Village, Country)

ABOUT YOUR HOUSING PREFERENCES

Style Of House: (please check)	<input type="checkbox"/> Detached	<input type="checkbox"/> Bungalow / One storey	<input type="checkbox"/> Older Property
	<input type="checkbox"/> Semi-detached	<input type="checkbox"/> Split Level	<input type="checkbox"/> Modern Property
	<input type="checkbox"/> Terraced	<input type="checkbox"/> Town House	<input type="checkbox"/> New Construction
Style Of Apartment:	<input type="checkbox"/> Penthouse	<input type="checkbox"/> Large Building	<input type="checkbox"/> Older Building
	<input type="checkbox"/> Upper Floors	<input type="checkbox"/> Small Building	<input type="checkbox"/> Modern Building
	<input type="checkbox"/> Lower Floors		<input type="checkbox"/> New Construction
Essential Features:	<input type="checkbox"/> Fireplace / Open Fire	<input type="checkbox"/> One Car Garage	<input type="checkbox"/> Small Garden
	<input type="checkbox"/> Basement / Cellar	<input type="checkbox"/> Two Car Garage	<input type="checkbox"/> Medium Garden
	<input type="checkbox"/> Maid / Au Pair Quarters	<input type="checkbox"/> Security Parking	<input type="checkbox"/> Large Garden
Number Of Rooms:	<input type="checkbox"/> Bedroom(s)	<input type="checkbox"/> Bathroom(s)	<input type="checkbox"/> Living Room(s)
	Other Housing Needs:		

ABOUT YOUR OTHER REQUIREMENTS

Family Hobbies: - do the hobbies need space?	
Any Special Medical Needs:	
Any Special Needs or Instructions: - any questions that we didn't ask you? - e.g. disabilities, special learning needs, etc. - e.g. antique or very large furniture pieces, etc.	

Questionnaire Completed By:		Completion Date:	
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