

DEAN CONVEYANCING

File

Fittings and contents form

Address of the property

- ✓ Place a tick in one of the three columns against every item
- ✓ The second column (“excluded”) is for items on the list which you are proposing to take with you when you move. If you are prepared to sell any of these to the buyer; please write the price you wish to be paid beside the name of the item and the buyer can then decide whether or not to accept your offer to sell.

1 Central heating and hot water

	Included	Excluded	None	Comments
Immersion heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hot water tank/cylinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hot water tank/cylinder jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wall heaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Night storage heaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas fires (with any surround)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electric fires (with any surround)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roof insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free standing heaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2 Electrical

	Included	Excluded	None	Comments
Electric points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electric switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dimmer switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3 Interior light fittings

	Included	Excluded	None	Comments
Ceiling lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wall lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lamp shades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note: If light fittings are to be removed, it is assumed that they will be replaced by ceiling rose and socket, flex, bulb holder and bulb.

4	Television and telephone
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	Included	Excluded	None	Comments
Television aerial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radio aerial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone receivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Satellite dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5	Windows
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	Included	Excluded	None	Comments
Double glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows and window fitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shutters/grills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6	Doors
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	Included	Excluded	None	Comments
Internal doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
External doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Door knockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doorbell/chimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7	External areas
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	Included	Excluded	None	Comments
Garden shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Greenhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Garden furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Garden ornaments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trees, plants, shrubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Garden produce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Barbecue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outdoor heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stock of oil/solid fuel/gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outside lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water butts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes line/rotary line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dustbins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other (please state which)

	Included	Excluded	None	Comments
Burglar Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8 Curtains and blinds

	Included	Excluded	None	Comments
Curtain fittings				
Curtain rails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Curtain poles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pelmets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Curtains (including net curtains and blinds – please specify)				
Bedroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other rooms (please state which)</i>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9 Carpets

	Included	Excluded	None	Comments
Bedroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9 Carpets (continued)

	Included	Excluded	None	Comments
Stairway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Living room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dining room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other rooms (please state which)</i>				

10 Other floor coverings

	Included	Excluded	None	Comments
All floor coverings excluding carpets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11 Kitchen fitments

	Included	Excluded	None	Comments
Fitted cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted oven and grills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hob(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extractor hood(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted hooks and racks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage units in kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11 Kitchen fitments (continued)

	Included	Excluded	None	Comments
<i>Other fitted items (please state which)</i>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12 Other non-fitted appliances

	Included	Excluded	None	Comments
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fridge-freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tumble dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other non-fitted appliances (please state which)				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13 Bathroom fittings

	Included	Excluded	None	Comments
Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shower fitting for bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand basin(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Taps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Separate shower fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Towel rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soap and toothbrush holders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet roll holders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other fitted items (please state which)				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Included	Excluded	None	Comments
Fitted wardrobes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted shelving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wall mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other items (please state which)				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Information

1.	If you have sold through an Estate Agent, are all items listed in its particulars included in the sale? If “No”, you should instruct the Estate Agent to write to everyone concerned correcting this error.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.	Do you own outright everything included in the sale? <i>(you must give details of anything which may not be yours to sell, for example, anything rented or on HP)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Have you agreed a separate price with the buyer for any of the above items?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If “Yes”, please give details of the items and the price agreed. (The price agreed must be a just and reasonable value for the items. To agree a figure which is not a just and reasonable valuation for the purposes of saving Stamp Duty Land Tax is a criminal offence. If in doubt about the correct amount you should consult a valuer.				

Note: If you are removing any fixtures and fittings you must make good any damage caused. You are also responsible for removing your possessions, including rubbish, from the property, the garage, the garden and any outbuildings or sheds.

Signed by the Seller(s)

Name
and
Signature:

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Name
And
Signature:

--	--

Dated:

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