

# CONSENT TO RELEASE INFORMATION & PRODUCT SWITCH SUBMISSION FORM



Please complete and return this form to our, 'Customer Services - Mortgages' team via our Secure Document Upload facility - [intermediaries.familybuildingsociety.co.uk/upload](https://intermediaries.familybuildingsociety.co.uk/upload)  
Without this fully completed form, we'll be unable to progress your request further.

Once the form is successfully completed and received by us, we'll aim to process your request within three working days.

PLEASE USE CAPITAL LETTERS THROUGHOUT

## CUSTOMER MORTGAGE ACCOUNT INFORMATION

ACCOUNT NUMBER:		<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> BUY TO LET
SECURITY ADDRESS:			
FIRST CUSTOMER'S NAME:			
PHONE:		DATE OF BIRTH:	DD/MM/YYYY
EMAIL ADDRESS:			
SECOND CUSTOMER'S NAME:			
PHONE:		DATE OF BIRTH:	DD/MM/YYYY
EMAIL ADDRESS:			

## CUSTOMER DECLARATION

I / We agree to you providing all information about my / our mortgage account to the mortgage intermediary named below.  
Signed by all mortgage account holders:

FIRST CUSTOMER:	<input type="text"/>	DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>
SECOND CUSTOMER:	<input type="text"/>	DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>

## INTERMEDIARY DECLARATION

I confirm that I am authorised to act on behalf of the named customer(s) above relating to this particular enquiry and I am acting within my authority. The information will only be used in conjunction with the needs of the customers. I accept responsibility for the security of any information provided to me.

**For product switches and other information purposes,** I understand this agreement finishes six months from the enquiry date or once the product switch has been completed, whichever is sooner.

**For porting and further advance purposes,** I understand this agreement is solely for this purpose and will cease after this matter has been completed or after six months from the enquiry date, whichever is sooner.

<input type="checkbox"/> PRODUCT SWITCH*	<input type="checkbox"/> FURTHER ADVANCE	<input type="checkbox"/> PORTING	<input type="checkbox"/> OTHER, PLEASE SPECIFY:	<input type="text"/>
<small>*For product switches, please ensure that you also complete the rest of the form over the page</small>				
ADVISER'S NAME:		EMAIL:		
OTHER AUTHORISED ADVISERS / ASSISTANTS WHO CAN CONTACT THE SOCIETY FOR UPDATES ON THIS REQUEST:		FCA NUMBER:		
		PHONE:		
COMPANY NAME:		FAX NUMBER:		
BUSINESS ADDRESS:				

SIGNATURE:	<input type="text"/>	DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**FOR PRODUCT SWITCHES ONLY, PLEASE COMPLETE THE BELOW SECTIONS:**

INDICATE WHICH OF THE SOCIETY'S MORTGAGE PRODUCTS YOU ARE APPLYING FOR. PLEASE GIVE CODE:	
NAME OF PRINCIPAL IF FIRM NOT DIRECTLY AUTHORISED:	
PRINCIPAL'S FCA NO:	
PRINCIPAL'S ADDRESS:	

**PROC FEE PAYMENT DETAILS FOR THIS PRODUCT SWITCH:**

Please note, if the application is being submitted via a network or mortgage club, you should provide their bank details. If you are not Directly Authorised, then please provide the Principal's bank details here.

PLEASE TICK HERE IF THE APPLICATION IS THROUGH A MORTGAGE CLUB:	<input type="checkbox"/>
MORTGAGE CLUB NAME:	
ACCOUNT NAME:	
SORT CODE:	ACCOUNT NUMBER:

<b>LEVEL OF ADVICE GIVEN TO THE BORROWER:</b>	<input type="checkbox"/> EXECUTION ONLY	<input type="checkbox"/> ADVICE AND RECOMMENDATION
HOW WAS YOUR ADVICE GIVEN TO THE BORROWER?	<input type="checkbox"/> FACE TO FACE, SUBSEQUENTLY BEING CONFIRMED IN WRITING	<input type="checkbox"/> OVER THE PHONE, SUBSEQUENTLY BEING CONFIRMED IN WRITING
	<input type="checkbox"/> IN WRITING ONLY	

**IF YOU ARE CHARGING THE BORROWER A FEE FOR YOUR SERVICE:**

HOW MUCH IS YOUR FEE?	£	IS YOUR FEE REFUNDABLE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WHEN IS THE FEE TO BE PAID?	<input type="checkbox"/> ON APPLICATION	<input type="checkbox"/> ON COMPLETION		
BORROWER'S ACCOUNT NO:				

<b>DOES THE BORROWER HAVE TO PURCHASE ANY INSURANCE PRODUCTS THROUGH YOUR FIRM?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, GIVE DETAILS:		




I confirm that the information given above is correct and that any third party who advised on this product switch is either authorised by the Financial Conduct Authority to arrange, advise on or introduce mortgages as appropriate, or is exempt from authorisation. Based on my knowledge of the customer, the product switch is suitable for this customer.

All product switch requests submitted by intermediaries are subject to the Society's Terms of Business, which can be found on our Downloads and Checklists page of our website. I confirm that I have read and understood the Society's Terms of Business and that I agree to be bound by them.

SIGNATURE:	<input type="text"/>	DATE:	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
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FOR OFFICE USE

Source Code:		Branch Code:	
Received Date:		Initials:	
		Acknowledged Date:	
		Initials:	

 [intermediaries.familybuildingsociety.co.uk](http://intermediaries.familybuildingsociety.co.uk)  
 **01372 744155**  
 [mortgage.desk@familybsoc.co.uk](mailto:mortgage.desk@familybsoc.co.uk)

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**30 CHURCH STREET**  
**EPSOM, SURREY**  
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Family Building Society is a trading name of National Counties Building Society which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Firm Reference No.206080  
[register.fca.org.uk](http://register.fca.org.uk)

