

Product Transfer Application Form

Please use this form to to submit an application for a product transfer on behalf of your client.

Product transfer applications can only be requested by registered brokers. Intermediary registration forms can be found at www.cumberland.co.uk/intermediaries/register.

The Society's product transfer rates can be viewed at www.cumberland.co.uk or requested via your BDM for Residential.

If you require further information or guidance on this application or if applicant wishes to discuss a further advance or transfer of equity, please contact us on 01228 403 312 or email commercialfollowons@cumberland.co.uk

Please email completed form to commercialfollowons@cumberland.co.uk

Intermediary Firm

Intermediary Email

Adviser Name

FCA Reference Number

Contact Number

Date Submitted

Applicant Details

Title

Mr

Mrs

Miss

Ms

Other

Name

Date of birth

D	D	M	M	M	Y	Y	Y	Y	

Address

Telephone Number

Postcode

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Email Address

Title

Mr

Mrs

Miss

Ms

Other

Name

Date of birth

D	D	M	M	M	Y	Y	Y	Y	

Address

Telephone Number

Postcode

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Email Address

Title	<input type="checkbox"/> Mr	<input type="checkbox"/>	<input type="checkbox"/> Mrs	<input type="checkbox"/>	<input type="checkbox"/> Miss	<input type="checkbox"/>	<input type="checkbox"/> Ms	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="text"/>
Name	<input type="text"/>								Date of birth	<input type="text"/>
										<input type="text"/>
										<input type="text"/>
										<input type="text"/>
										<input type="text"/>
Address	<input type="text"/>								Telephone Number	<input type="text"/>
									Email Address	<input type="text"/>
	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Details

Mortgage Account Number	<input type="text"/>	Mortgage Account Name	<input type="text"/>
Security Address	<input type="text"/>	Current Product Expiry Date	<input type="text"/>
		Estimated Property Value	<input type="text"/>
	Postcode	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

New Product Details

<input type="checkbox"/> Holiday Let	<input type="checkbox"/>	<input type="checkbox"/> Residential (owner occupied)	<input type="checkbox"/>	<input type="checkbox"/> BTL	<input type="checkbox"/>
Product Name	<input type="text"/>				
Initial Rate	<input type="text"/>	Product Fee (if applicable)	<input type="text"/>		
When should the new product be made effective?					
<input type="checkbox"/> As soon as possible	<input type="checkbox"/>	<input type="checkbox"/> End of current product term	<input type="checkbox"/>	<input type="checkbox"/> Set date	<input type="text"/>
				<small>(must be 1st of month)</small>	
Remain on the same term?		If no, what term is being requested?		Please note that there is a fee payable for a change of term, Please see our tariff of mortgage charges for more details.	
<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/>		
Repayment Strategy	<input type="text"/>				
Repayment Strategy if interest only	<input type="text"/>				
Are there any further advance applications currently in progress?	<input type="text"/>				

New Product Details (continued)

The following questions only need answered for Holiday Let and Buy to Let applications.

Is the property still in use as a Holiday Let/Buy to Let?	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/>
How many mortgaged Holiday Lets or Buy to Let properties do you own?	<input type="text"/>			
How many of these are in a company name?	<input type="text"/>			
How many of these have you provided a personal guarantee of 50% or more?	<input type="text"/>			
Is the required licence/planning permission in place? (Scotland only)	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/>
Is the property still self-funding?	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/>

At the Cumberland we support our customers that may be finding it difficult to manage their finances or need extra help. There may be ways we can help to make it easier.

<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/>
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Do you have any health or personal circumstances we should be aware of that may impact your ability to access and/or manage your products and our services?

Note: Extra support can include health conditions such as a disability, a mental health condition, Hearing/Sight Loss. Significant life events such as a bereavement, relationship breakdown and caring responsibilities. Or other circumstances such as learning difficulties or low digital skills.

If yes, please outline your circumstances and the extra support you require.

Let us tell you how we'll use that information, so you know.

We'll note information about your situation and extra support on your account(s). This will be available to Cumberland Group colleagues to help meet your needs when interacting with you or dealing with your account(s), without you having to explain your situation each time.

We need your permission for us to do this. You can withdraw that at any time by contacting us. Please tick the box if you're happy for us to use and record your information in this way.

Intermediary Declaration

If your firm originally introduced the above mortgage account to the Society, we do not require the customer(s) to sign an authorisation.

I can confirm that I have authorisation from the customer(s) to obtain data on their behalf and confirm that advice and recommendation has been given in respect of the product transfer.

I confirm to the best of my knowledge, the information above is true and accurate.

I am not aware of any changes in the client(s) circumstances which would inhibit their ability to make the mortgage payment.

I have provided advice and recommendation to the client.

I/We agree that Cumberland Building Society will process my personal data in accordance with their Privacy Notice, which I have been made aware of and can be viewed online at Cumberland.co.uk/privacy.

Intermediary Signature	Date
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Intermediary Name

Broker Fee (if applicable)

If your firm did not originally introduce the above mortgage account to the Society, please ask your customer(s) to complete the authorisation below.

Customer Declaration

I/We can confirm that I/we have authorised the above broker to obtain information about my/our mortgage account so that they may provide advice and recommendation regarding our account:

Borrower 1 Signature	Date
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Borrower 1 Name

Borrower 2 Signature	Date
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Borrower 2 Name

Borrower 3 Signature	Date
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Borrower 3 Name

CUMBERLAND USE ONLY

Fee to collect

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Re-valuation required

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Account verification

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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