

# Product Transfer Application Form

Please use this form 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](http://www.cumberland.co.uk/intermediaries/register).

The Society's product transfer rates can be viewed at [www.cumberland.co.uk](http://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](mailto:commercialfollowons@cumberland.co.uk)

Please email completed form to [commercialfollowons@cumberland.co.uk](mailto: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

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

Email Address

|       |    |  |     |  |      |  |    |  |       |  |
|-------|----|--|-----|--|------|--|----|--|-------|--|
| Title | Mr |  | Mrs |  | Miss |  | Ms |  | Other |  |
|-------|----|--|-----|--|------|--|----|--|-------|--|

Name

Date of birth

|   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|--|
|   |   |   |   |   |   |   |   |   |  |
| D | D | M | M | M | Y | Y | Y | Y |  |

Address

Telephone Number

Email Address

Postcode

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

## Account Details

Mortgage Account Number

Mortgage Account Name

Security Address

Current Product Expiry Date

Postcode

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Estimated Property Value

## New Product Details

|             |  |                              |  |     |  |
|-------------|--|------------------------------|--|-----|--|
| Holiday Let |  | Residential (owner occupied) |  | BTL |  |
|-------------|--|------------------------------|--|-----|--|

Product Name

Initial Rate

Product Fee (if applicable)

Remain on the same term?

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If no, what term is being requested?

Repayment Strategy

Repayment Strategy if interest only

Are there any further advance applications currently in progress?

## 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.

|                        |      |
|------------------------|------|
| Intermediary Signature | Date |
|------------------------|------|

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 |
|----------------------|------|

Borrower 1 Name

|                      |      |
|----------------------|------|
| Borrower 2 Signature | Date |
|----------------------|------|

Borrower 2 Name

|                      |      |
|----------------------|------|
| Borrower 3 Signature | Date |
|----------------------|------|

Borrower 3 Name

### CUMBERLAND USE ONLY

Fee to collect

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

Re-valuation required

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

Account verification

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