

Product Transfer Application Form

Please email fully completed forms to: producttransfers@mbs.co.uk
For any enquiries please contact us on: **01664 414144**



Account information

| | |
|-------------------|-------------------|
| Account number: | Customer name(s): |
| Security address: | |

Intermediary details

| | |
|--------------------|-----------------|
| Adviser name: | Company name: |
| Company address: | Company FCA no: |
| Telephone number: | Email address: |
| Principal/Network: | Mortgage club: |

Product details

I/We confirm that we wish to transfer my/our mortgage to the following product:

| | |
|---------------|-------------------------------------|
| Product: | Date product change to take effect: |
| Product Code: | |

Please note: Product transfers take place on the first day of the month, please ensure all documents are received by us no later than the 10th of the month before you wish the product transfer to take effect.

Product transfer checklist:

- I confirm this product transfer requires no variations to the mortgage contract
- I confirm any offset savings account linked to the current mortgage product can be applied to the new product and are within the offset limit for the new product
- Where there is an offset savings account linked to the existing mortgage product that cannot be applied to the new product please state the preferred course of action below:

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Intermediary Declaration

I confirm that I have given the customer(s) detailed above advice regarding this mortgage and provided a European Standardised Information Sheet (ESIS) for the product recommended.

Intermediary Signature _____

Date _____

Customer declaration (all applicants to sign)

I/we confirm that I/we have received advice from the adviser named above, have received a European Standardised Information Sheet (ESIS) for the product recommended and would like to transfer to the mortgage product detailed on this form.

First applicant _____ Second applicant _____ Date _____