

Mortgage review form

For Intermediary use only

Name of Advisor:

Name of Intermediary firm:

Mortgage club (if applicable):

Firm's FCA ref. no. (FRN):

Date of application:

Mortgage scheme inc. interest rate:

Network firm:

Mortgage account number:

Product code(s):

Service provided:

Advice ☐

Will you be charging a broker fee?: Yes ☐ No ☐

Type of fee?

If yes, how much? £:

Are fees refundable?: Yes ☐ No ☐

Amount refundable: £:

Does the customer have to purchase any conditional insurance products through your firm? Yes ☐ No ☐

If 'yes', please provide details:

Please send to the West Brom's Intermediary Sales and Support team:

the West Brom, Intermediary Sales and Support team, Head Office: 2 Providence Place, West Bromwich B70 8AF

Telephone: 0345 241 3597

Email: ist@westbrom.co.uk

Please note: When returning this application back to the Society, you must send income documentation, along with the application. A summary of income evidence is available at www.wbfi.co.uk/product-switch to show the acceptable documents that we may require - If income evidence is not supplied when returning the application, this will cause delays in processing the case. Please send the application and supporting documents to us by using our secure email facility.

Personal details	Applicant 1	Applicant 2
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>
Marital status: (civil partner/single/married/divorced/widowed/separated)	<input type="text"/>	<input type="text"/>
Contact details: (include STD code)	Tel. Home: <input type="text"/> Tel. Work: <input type="text"/> Tel. Mobile: <input type="text"/> Email: <input type="text"/>	Tel. Home: <input type="text"/> Tel. Work: <input type="text"/> Tel. Mobile: <input type="text"/> Email: <input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode: <input type="text"/>	Postcode: <input type="text"/>
Please indicate the number of adult financial dependants:	<input type="text"/>	<input type="text"/>
Please indicate the number of child financial dependants:	<input type="text"/>	<input type="text"/>

Please state type of investment used to repay interest only amount:

ISA ☐ Pension ☐ Endowment ☐
 Unknown ☐ Other* ☐ *Details:



Customer requirements

Term of mortgage required:	Years: _____	Months: _____
Reason for term selected:		

Will the mortgage term extend into the customer's retirement? Yes ☐ No ☐

Reason for term extended into customer's retirement:

Do you foresee any changes in your personal circumstances? Yes ☐ No ☐

Details of changes in personal circumstances:

I/We have received the above recommendations and confirm that it is a full and accurate summary of my/our requirements. Where I/we have elected not to accept a recommendation, I/We understand that I/we will not be fully covered for the associated risk. Please sign here.

All applicants must sign below

First Applicant's Signature: _____	Second Applicant's Signature: _____
Date: _____	Date: _____

Additional information sheet

Please make sure you check that **all** the information is correct. If you need to make any amendments please do so in black ink, initialling all changes.

Tel: 0345 241 4526

YOUR HOME MAY BE REPOSSESSED IF YOU DO NOT KEEP UP REPAYMENTS ON YOUR MORTGAGE

Head Office: 2 Providence Place, West Bromwich, B70 8AF
www.westbrom.co.uk

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