

Intermediary Panel Application for Product Transfer



Tel: 0800 783 0847

E-mail: mort.admin@leekbs.co.uk

Adviser Details

Adviser Name:

Company Name:

Your Address and Postcode:

(Please note mortgage offer and completion statements will be sent to your FCA registered address)

Telephone Number:

Mobile:

Fax No:

E-mail:

Are you directly authorised by the FCA?

Yes¹:

No:

¹If Yes, please state your FCA registration number:

Are you an appointed representative of a network or principal who is authorised by the FCA?

Yes²:

No:

²If Yes, please state the name, address and postcode of the principal:

²If Yes, please state the FCA registration number of the principal:

Procuration Fees paid via BACS

Sort Code:

Account No:

Account Name:

Declaration

I confirm that:

The above company is FCA registered.

I am not aware of any FCA enquiries or enforcements pending.

I am sufficiently qualified to offer mortgage advice.

My training and development covers financial crime, data protection and MCOB rules.

I understand that I am required to pay due regard to the interests of customers and treat them fairly and I adhere to all applicable regulation relating to treating customers fairly and vulnerable customers.

I agree to communicate to the Society where I have identified an individual as vulnerable, so that the Society can provide any additional support that they may require throughout their application.

Signed by:

(Sole Trader/Partner/Director or other duly authorised signatory)

For and on behalf of:

(Full Name of Firm)

Date:

For Internal Use Only

Input date:

Input by:

Associate No: