CUSTOMER DECLARATION



Please complete this form to confirm your client(s) consent to act on their behalf for a mortgage variation. Submit completed forms to **producttransfers@mmbs.co.uk**Please allow **5 working days** to receive the information you require.

Mortgage accou	nt r	number				
Customer detail	S					
Customer 1			Customer 2			
Security address	;					
				Рс	ostcode	
Telephone numb	 oer		Telephone nun	nber		
Email address			Email address			
Intermediary de			ad broker who is regis	etered	to submit business with the Melton group.	
Company name		ny release information to arriver authorise	Company nan		to subtrite business with the welton group.	
Company name			Company name			
Company address					Firm FCA no:	
					Dringinla/Natural/CCA no.	
					Principle/Network FCA no:	
Telephone numb	er		Telephone nun	nber		
Email address			Email address			
		,				
		on (all applicants to sign) authorise the broker named above to obto	ain the following infor	matio	n in relation to our current mortgage	
		ortgage balance	Ŭ			
Remaining	_					
Indexed loa						
Repayment	me	thod				
Product details and end date						
Regulated/	non	-regulated mortgage				
Signature			Signature	Signature		
	_					
Date			Date			