

CUSTOMER PRODUCT SWITCH ACCEPTANCE FORM

Fill in this form to confirm that you wish to go ahead with the transfer to a new mortgage product.



**THE
CAMBRIDGE**
Building Society

Head Office, PO Box 232, 51 Newmarket Road, Cambridge CB5 8FF

PLEASE USE BLOCK CAPITALS

PRODUCT SWITCH DETAILS

Account number:		Part no. (if applicable)	
Customer name(s):			
Intermediary name:			
Company name:			

PRODUCT DETAILS

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

I / we would like this to take place on 1st of _____ 20_____.

Please note: Product switches take place on the first day of the month so we'll need to have everything in place to make the switch in plenty of time. We let your clients switch up to 90 days before the end of their product term without incurring Early Repayment Charges, we just ask that you get everything to us by the 10th of the month before you want to switch.

- This product switch is in combination with additional borrowing
- This product switch is in combination with contractual change

Product availability is only guaranteed for seven days from the date on the European Standardised Information Sheet provided to you by your Mortgage Intermediary.

COMPLETION FEE

- Add the completion fee to the mortgage, I understand that interest will be charged on this amount daily
- I / we wish to pay the product completion fee upfront. To pay by debit card call 0345 601 3344
- No completion fee applies

CUSTOMER DECLARATION

I / we confirm that I / we have received advice from the Intermediary named above, received a European Standardised Information Sheet and would like to proceed with this product switch.

Signed by all applicants:

First applicant _____ Date _____

Second applicant _____ Date _____

INTERMEDIARY DECLARATION FOR PRODUCT SWITCH ACCEPTANCE FORM

Fill in this form to confirm that your client(s) wish to go ahead with the transfer to a new mortgage product.



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INTERMEDIARY DECLARATION

I confirm that I am authorised to act on behalf of the named applicants in connection with this enquiry and that I am acting within my authority. I confirm that I have given the above customers advice regarding this mortgage, and have provided them with a European Standardised Information Sheet.

Intermediary signature _____ Date _____

COMPLETION FEE

I can confirm that the European Standardised Information Sheet was produced based on a loan amount of £ _____ over a term of _____ years _____ month. The European Standardised Information Sheet was produced on ____ / ____ / 20____.

The client has requested that the completion fee of £ _____ is added to the mortgage loan and is aware that this will incur interest along with the rest of the loan.

The client would like to pay the completion fee upfront and will contact The Cambridge to make the payment.

PRODUCT SWITCH PAYMENT DETAILS

Please complete this section to ensure your payment isn't delayed. A procurement fee will not be payable on product switches where the mortgage completed or was previously switched within the last six months.

Intermediary name:	
Intermediary email address:	
Company address:	

Status: DA AR

Payment route: Direct to firm

via Network _____

via Mortgage Club _____