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.
PLEASE USE BLOCK CAPITALS

THE CAMBRIDGE Building Society
Head Office, PO Box 232, 51 Newmarket Road, Cambridge CB5 8FF

PRODUCT SWITCH DETAILS

Account number:			
Customer name(s):			
Intermediary name:			
Company name:		FCA number:	

PRODUCT DETAILS

I / we confirm that I / we wish to transfer part(s) (please tick), one☐ two☐ three☐ four☐ of my / our mortgage to the following product :

_____

Does this product have an Early Repayment Charge (ERC): Yes / No

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. We ask that you return the signed acceptance forms to us by the 10th of the month before you want to switch. You can switch up to 90 days before your current product end date, without incurring any ERC's. Any amendments to this product switch will need to be requested at least 14 days prior to the switch date.

☐ This product switch is in combination with additional borrowing*

☐ This product switch is in combination with contractual change (term/customers/repayment type)*

* Additional information will be required, please speak to a member of the Business Development team before submitting this form on 0345 601 2744.

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 procuration fee will not be payable on product switches where the mortgage completed or was previously switched within the last six months.

☐ I can confirm I have an active registration with The Cambridge reflecting the below details.

Intermediary name:	
Intermediary email address:	
Company address:	

Status: ☐ DA ☐ AR

Payment route:

☐ Direct to firm

☐ via Network _____

☐ via a Partner Mortgage Club (please circle the below)

L&G / PMS / Next Intelligence / Paradigm / TMA Club / Simply Biz / Brilliant Solutions