

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

**THIRD PARTY MORTGAGE AUTHORITY**

Fill in this form to confirm that you would like another person to access information about your account on your behalf.

Please ensure you include either the original or certified copy of the identification documents provided.

**PLEASE USE BLOCK CAPITALS**

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| **SECTION ONE: ACCOUNT HOLDER DETAILS** |

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| --- | --- |
| Account holder(s): |  |
| Authority to discuss the following mortgage account number(s): |  |
| Time that authority should be held on the mortgage account for: |  |

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| **SECTION TWO: REGISTERED CONTACT DETAILS** |

|  |  |
| --- | --- |
| Full name: |  |
| Date of birth: |  |
| Place of birth: |  |
| Full address  (including postcode): |  |
| Home phone number: |  |
| Mobile number: |  |
| Email address: |  |
| Preferred contact method: |  |
| Two forms of ID provided (one from List A and one from List B) |  |

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| **SECTION THREE: ACCOUNT HOLDER DECLARATION** |

I / We confirm that I / we authorise the above named Registered Contact to have access to details of my / our mortgage account(s). I / We also confirm that any changes to my / our mortgage account(s) will need to be authorised by me / us via the usual accepted method.

Signed by all account holders:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_

**I/We agree that The Cambridge may use my/our information as stated in the Privacy Statement provided**

Signed by Registered Contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_