

Product Transfer Authority Form

Please complete and return this form to ProductTransfer@thetipton.co.uk

Once the form is fully completed and received by us, we will process your request within three working days.

Without this fully completed form, we will be unable to progress your request further.



Mortgage Account Information

Account number	<input type="text"/>
Property address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Applicant 1

Title	<input type="text"/>
First name(s)	<input type="text"/>
Surname	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

Applicant 2

Title	<input type="text"/>
First name(s)	<input type="text"/>
Surname	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

Marketing of Products and Services

We would occasionally like to keep you informed with details of products, services and other promotions that we think may be of interest to you and to introduce to or pass your details to other organisations for them to use in the same way. Please tick any of the boxes below to tell us how you would like to be contacted. By ticking these boxes, you are agreeing to receive communications from us.

Post Telephone Email Mobile phone SMS

You can change your contact preferences or stop marketing communication at any time by getting in touch by visiting our website – www.thetipton.co.uk, calling us on 0121 557 2551, emailing us at info@thetipton.co.uk or writing to 70 Owen Street, Tipton, West Midlands, DY4 8HG.

Customer Declaration

- I/We agree to you providing all information about my/our mortgage account to the mortgage intermediary named below.
- I/We agree to the Society processing my/our personal data provided in line with the requirements of the General Data Protection Regulations, as outlined in the Society's Privacy Notice, available to view on the Society's website, www.thetipton.co.uk.

Applicant 1 signature	<input type="text"/>	Date	<input type="text"/>
Applicant 2 signature	<input type="text"/>	Date	<input type="text"/>

Adviser Details

Adviser name	<input type="text"/>
Company name	<input type="text"/>
FCA number	<input type="text"/>
Company address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

Privacy Notice

Please tick to confirm you have given a copy of our Privacy Notice to your client(s)

Adviser Declaration

- I confirm that the personal data provided by the applicant(s) named above is true to the best of my knowledge and belief. I undertake to advise the Society immediately of any changes to the personal data I have provided in this product transfer application.
- I confirm I am authorised to act on behalf of the applicant(s) named above relating to this particular product transfer application and I am acting within my authority.
- The personal data for the applicant(s) named above will only be used in conjunction with the needs of the applicant(s). I accept responsibility for the security of any personal data provided to me.
- I understand this Product Transfer Authority Form ceases six months from the enquiry date or once the product transfer has been completed, whichever is sooner.
- I confirm that I/my company have/has the necessary permissions from the FCA to advise, complete and submit this product transfer application to the Society on behalf of my/our clients.

Adviser signature	<input type="text"/>	Date	<input type="text"/>
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