

**PRODUCT TRANSFER:
AUTHORISATION LETTER TO COMMUNICATE WITH YOUR BROKER**

To Foundation

Account Number:	
Account Name:	
Security Address:	

I/We authorise you to disclose details relating to the conduct of my mortgage account or the contents of my file, my personal details, financial arrangement or related matters with:

Broker Name	
Company Name	
Contact number	
Email	

To my/our authorised representative and I/we hereby release you from any obligations of confidentiality.

I/we agree that if either of us informs you that this authority is to be revoked, you may write to both of us confirming that such authority has been cancelled.

I/We acknowledge that this authority will remain in force until I/we inform you that this authority is cancelled.

I/We agree that this authority will be applied to all accounts held with Foundation unless otherwise specified below:

Signed:	Signed:
First Applicant	Second Applicant
Print Name	Print Name
Limited Company name (if applicable)	Limited Company name (if applicable)
Date:	Date:



Tel: 0344 770 8030

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