

PRODUCT TRANSFER

Foundation Home Loans
5 Arlington Square
Downshire Way
Bracknell
Berkshire
RG12 1WA

Dear Sirs

Account Numbers: _____

Account Name: _____

Account Address: _____

Authorisation letter to communicate with Third Party

I/We, of authorise you to disclose details relating to the conduct of my mortgage account(s) listed above or the contents of my file, my personal details, financial arrangement or related matters with of who is duly authorised to receive any such information on my behalf ("the authorised representative"). In signing this letter I/we consent to your disclosing all data to my/our authorised representative and I/we hereby release you from any obligations of confidentiality.

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

First Applicant

Signed

Date

Print Name

Second Applicant

Signed

Date

Print Name

Authorised Representative security details

Name:

Tel No

Password*

*Please choose a name or number for the Authorised Representative to use so that we can identify them for security purposes.