Intermediary Panel Application

Input by:





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Adviser Deto	ails				L	man. m	ioi tgage.	processing@i	sends.	.co.un
Adviser Name:										
Company Nam	e:									
Your Address a (Please note mort and completions be sent to your FO address)	tgage offer tatements will									
Telephone Num	nber:				Mol	bile:				
Fax No:					E-m	nail:				
Are you directly authorised by the FCA?				Yes¹:			No:			
¹ If Yes, please state your FCA registration number:										
Are you an appointed representative of a network or principal who is authorised by the FCA?				Yes ² :			No:			
² If Yes, please s name, address postcode of the	and									
² If Yes, please s	tate the FCA r	egistration n	umber of tl	ne principal:						
Procuration	Fees paid v	ia BACS								
Sort Code:		Ac	count No:			Accoun	t Name:			
Declaration										
I confirm that:	I am not awa I am sufficie My training of I understand adhere to a I agree to co	ntly qualified and developr d that I am re Il applicable r ommunicate	CA enquirie: to offer m ment cover quired to p regulation i to the Soci	s or enforceme ortgage advice rs financial crim bay due regard relating to treat	e. ne, data pro to the inter ting custon re identifiec	otection c ests of cu ners fairly I an indivi	ustomers a and vulner dual as vulr	nd treat them fai rable customers. nerable, so that tl	_	
Signed by: (Sole Trader/Part	tner/Director or	other duly aut	horised sign	natory)						
For and on beh (Full Name of Firn										
Date:					9					
For Internal (Use Only									

Input date:

Associate No: