

Third Party Authorisation Form

Please complete on your company headed paper if available and post to Teachers Building Society or fax to us on 01202 841694.

Names of all Mortgage account holders

First customer

First name

Surname

Mortgage account number

Customer telephone number

Second customer

First name

Surname

Mortgage account number

Customer telephone number

Customer Declaration

I/we confirm that you can provide information on my (our) mortgage account to

Signed (first customer)

Signed (second customer)

Date

Date

All mortgage account holders must sign this form in order to authorise a Third Party to act for you.

Third Party Declaration

I confirm that I am authorised to act on behalf of the named customer(s) in connection with this enquiry/transaction and that I am acting within my authority. **I understand this agreement is valid from the date of enquiry and for the period of the enquiry/transaction only (maximum 6 months from date of receipt).**

Signed

Print Name

Company name/Network

Date

Address

Postcode

Telephone number

FSA registration number



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