

Intermediary Registration Form – Mortgages

Please complete and return this form if you are submitting an application to Scottish Widows Bank for the first time.

1. Intermediary Details

Full name of Firm	<input type="text"/>
Contact Name	<input type="text"/>
Postal Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Mobile Number	<input type="text"/>
Telephone Number	<input type="text"/>
Fax Number	<input type="text"/>
Scottish Widows Agency No. (if known)	A <input type="text"/>
FSA Authorisation No.	<input type="text"/>
E-mail Address	<input type="text"/>

Please tick this box if you would like to register for our online mortgage services. (online KFI's, applications and case tracking)

The following information (Sections 2 and 3) will be used for management information purposes and to ensure procurement fees are paid correctly.

2. Details of Intermediary Network or Broker Group

Are you linked to an Intermediary Network/Broker Group? Yes No

If Yes, Name

Membership No.

3. Company Bank Details

If you are part of a network your fees will normally be paid via them. If you are not part of a network or wish your fees to be paid through an alternative channel, please enter the appropriate details here. Payments will be made by BACS only.

Bank	<input type="text"/>
Branch	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Account Number	<input type="text"/>
Sort Code	<input type="text"/>
Account Name	<input type="text"/>

Please note that any changes to the above must be advised by you in writing prior to introduction.

Please note that we require a cancelled cheque or original Bank Statement along with the registration form to confirm the bank details.

Authorised Signature	<input type="text"/>
Date (DD MM YYYY)	<input type="text"/>
Name (please print)	<input type="text"/>