

## Change in Property Form

This form should be completed by the customer facing Intermediary.  
Please complete this form in full to enable us to amend the application and arrange a valuation.  
Fax the completed form to 0844 770 8010. If you have any queries please call 0844 770 8000.

### PROPERTY DETAILS

Customer Name	<input type="text"/>	Account Number	<input type="text"/>
Security Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>		
Detached House	<input type="checkbox"/>	Detached Bungalow	<input type="checkbox"/>
Semi-detached House	<input type="checkbox"/>	Semi-detached Bungalow	<input type="checkbox"/>
Terraced House	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
		Flat	<input type="checkbox"/>
		Studio Flat	<input type="checkbox"/>
England	<input type="checkbox"/>	Wales	<input type="checkbox"/>
		Mainland Scotland	<input type="checkbox"/>
Leasehold	<input type="checkbox"/>	Freehold	<input type="checkbox"/>
		Commonhold	<input type="checkbox"/>
		Unexpired term of lease	<input type="text"/>
<i>If property is a flat or maisonette please complete</i>			
		Purpose built	<input type="checkbox"/>
		Converted	<input type="checkbox"/>
		Over commercial property	<input type="checkbox"/>
Total number of floors in block	<input type="text"/>		
Construction of walls	<input type="text"/>		
Construction of roof	<input type="text"/>		
When was the property built?	<input type="text"/>		
Enter number of: Receptions	<input type="text"/>	Bedrooms	<input type="text"/>
		Kitchens	<input type="text"/>
		Bathrooms	<input type="text"/>
Which of the following types of certificate does the property have?			
NHBC	<input type="checkbox"/>	Zurich Guarantee	<input type="checkbox"/>
		Premier Guarantee	<input type="checkbox"/>
		Architects Certificate	<input type="checkbox"/>
Has the property any agricultural restrictions?	Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>	<input type="checkbox"/>
Is the customer aware of any past or existing structural movement?	Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>	<input type="checkbox"/>
Has the property or surrounding area been affected by subsidence, heave, settlement, landslip or flooding?	Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>	<input type="checkbox"/>
Is the property currently or previously owned by a local authority, MOD or housing association?	Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>	<input type="checkbox"/>
Will the property be the customer's(s') primary residence?	Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>	<input type="checkbox"/>

### VALUATION DETAILS

Purchase price of property	£ <input type="text"/>	If 'Buy to Let' Estimated Rental Income	£ <input type="text"/>
Is the customer borrowing or receiving assistance towards the balance of the purchase price	Yes	<input type="checkbox"/>	* No <input type="checkbox"/>
* If 'Yes' please specify source and amount			
Loan	£ <input type="text"/>	Family Gift	£ <input type="text"/>
Builders Deposit	£ <input type="text"/>		
Vendor's Deposit	£ <input type="text"/>	Savings	£ <input type="text"/>

## VALUATION DETAILS *(continued)*

Is it a private sale?

Yes  \*

No

\* If 'Yes' please provide details

Loan required	£ <input type="text"/>	Term	<input type="text"/>	Interest Only	£ <input type="text"/>	Capital & Interest	£ <input type="text"/>
Vendor Name	<input type="text"/>						
Vendor Address	<input type="text"/>						
	<input type="text"/>						
Postcode	<input type="text"/>	Telephone No.	<input type="text"/>				
State arrangements for the valuer to gain access to inspect the property	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>						
Telephone No.	<input type="text"/>						

## PAYMENT DETAILS

Please ask the customer to complete these details to enable us to collect the application fee for the new property. Please refer to our tariff of charges for information on the current fee.

The customer can pay by one of the following methods:



(We do not accept Diners Club and American Express)

Cardholder's name	<input type="text"/>		
Credit/Debit card type	<input type="text"/>	Amount of Payment	<input type="text"/>
Card Number	<input type="text"/>		Issue Number (if applicable) <input type="text"/>
Start Date	<input type="text"/>	Expiry Date	<input type="text"/>
Signature of Card holder	<input type="text"/>		
Address card registered to	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>		

## DECLARATION

I confirm that I am acting on behalf of the Customer's(s') named herein and have his/her/ their authority to complete this form and provide instructions to GMAC-RFC on his/her/their behalf. I can confirm that no other details have changed since the original application.

Print full name	<input type="text"/>		
Business name	<input type="text"/>		
	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>