

Documentary Evidence Confirmation Form

This form is required for all introductions to Preferred Mortgages. A form must be completed for each applicant by the introducing intermediary and submitted with the mortgage application form.

NAME OF CLIENT (IN FULL) _____

DATE OF BIRTH _____

METHOD OF IDENTIFICATION

Please detail the two methods of identification as listed below, one from Section A and one from Section B. Remember that you cannot use the same item in both sections.

Where applicable you must enclose certified copies of the documentary evidence obtained with this form.

SECTION A: PERSONAL IDENTITY

SECTION B: EVIDENCE OF ADDRESS

DOCUMENT:	<input checked="" type="checkbox"/>	DOCUMENT:	<input checked="" type="checkbox"/>
Current Signed Passport *		On Voters Roll (please conduct search)	
Current Signed UK Photo-Card Driving Licence including paper counterpart		Latest Utility Bill **	
Current Signed FULL UK Driving Licence		Local Authority Council Tax Bill	
Benefit Book or original letter from Benefits Agency		Bank/Building Society Statement ** or Passbook	
Sub Contractors Certificate issued by Inland Revenue		Most recent mortgage statement	
Current Employers Signed Photo Identity Card from a nationally recognised employer		Local Council Rent Card or Tenancy Agreement	
		Current Signed UK Photo-Card Driving Licence including paper counterpart	
		Benefit Book or original letter from Benefits Agency	
*plus residency permit if applicable		**less than 3 months old	

DECLARATION: (Please tick as applicable)

I/We certify that the applicant's identity has been verified as detailed above and certified copies of the underlying documentary evidence (where applicable) are attached and that we have sighted the original document of the certified copy and that any requiring a signature were pre-signed.

Alternatively, the applicant's identity has not been verified as he/she is an existing customer of Preferred Mortgages Limited and identification has been obtained and previously submitted.

The account number where this can be evidenced is _____

I/We further confirm that the applicant is applying on his/her own behalf and not as nominee, trustee or in a fiduciary capacity for any other person.

Name of Intermediary firm: _____

If advice given prior to Mday please provide details of MCCB No: _____

FSA Regulated: Y N FSA No: _____

Broker Name: _____ Signed: _____ Date: _____