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Property Re-Mortgage Instruction

Client Name:

Address of property to be re-mortgaged:

Date of application and to whom:

Amount of loan required: £

Owner's full name(s):

Repayment/Endowment/Pension
(Please indicate which)

Names of non-owning adult (over 17) intended occupiers:

Name and Address of your Mortgage Lender
(If applicable)

Mortgage Account Number:

Amount of Mortgage outstanding:
£

Name and Address of second/other Mortgage
Lender (If applicable)

Mortgage Account Number:

Amount of Mortgage outstanding:
£

... PTO

Telephone: 0161 785 4545 Fax: 0161 652 6446 e-mail: enquiries@phlawyersdirect.co.uk

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* Other information which may be of use:

Please indicate why you chose our services:

Existing Client?

Recommended by?
(Please specify)

Saw advert in?
(please specify)



Tick box

I/We authorise you to act on our behalf in the proposed re-mortgage in accordance with your Client Care Information Sheet Terms and conditions.

Signed

Dated

Signed

Dated

Signed

Dated