

Fax Enquiry
0844 585 5739
or email: info@smaat.info
Tel support: 0844 736 5679

From.....Date.....
Telephone.....Email.....

Client Details:

Client Name.....
Address.....
.....Post Code.....

Telephone.....Mobile.....

Is the applicant employed or self employed.....
Occupation:.....

Mortgage Requirements:

Property Value £
Amount Required £

Mortgage Type:

Residential mortgage required: Yes / No
Buy to Let mortgage required: Yes / No

Introducer Declaration:

I confirm that I have made the above applicant aware that their details are being passed to Smart Associates Limited. The client has given their express permission to be contacted by Smart Associates for the purpose of discussing mortgage finance.

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Signed

Name

Date