

# Clients Initial Instructions Form

If you would like us to act for you please complete the form to provide the information we will need to get started and open your file. We will ask you for more detailed information with our next letter. This form has been partly completed for you. Please check that the information we have inserted is correct. If not, please correct it where necessary and add any missing details so that every section is correctly answered. Where boxes appear simply tick the relevant option.

## Equity Release

- 1) ADDRESS & TENURE - Please give the address of the property concerned and whether it is Freehold or Leasehold

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Freehold ☐      Leasehold ☐

- 2) CONTACT DETAILS - Please give your full name(s) address (and postcode) for all correspondence

CLIENT 1.....

ADDRESS.....

CLIENT 1. Daytime Tel: ..... Home Tel: .....

CLIENT 1. Mobile Tel: ..... E-mail/Fax: .....

Occupation: .....

CLIENT 2.....

ADDRESS.....

CLIENT 2. Daytime Tel: ..... Home Tel: .....

CLIENT 2. Mobile Tel: ..... E-mail/Fax: .....

Occupation: .....

- ### 3) EXISTING MORTGAGES

Is there a mortgage on the property to be sold? Yes ☐ No ☐

(See details on your mortgage statement if you do not have a record of this information)

1) Name of Lender: .....

2) Address of Lender: .....

3) Mortgage Account Number(s): .....

Is there a second or further mortgage on the property? Yes ☐ No ☐

If so, please give the lender's name, address and account number(s) .....

- 4) NATIONAL INSURANCE NUMBER

CLIENT 1    □□   □□   □□   □□   □

CLIENT 2 ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

5) CLIENTS' INSTRUCTIONS - I/We wish you to act for me/us in connection with the transaction(s) outlined above, subject to your Society's terms, and on the basis of the fee estimate you have provided with this form.

6) BANK DETAILS

Please provide us with how you would like the balance of your monies on completion

Cheque ☐

Chaps ☐

If a chaps payment is required there will be an additional fee of £30.00 plus VAT added to your final costs

Please provide us with your bank details for chaps payments

Account Holder: .....

Bank name.....

Branch.....

Account Number.....Sort Code.....-.....-

7) CONTACT

How did you hear about Khalique Kingsley

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*(All those named in Section 4 above should please give their FULL names and sign and date below.)*

FULL NAME(S)	SIGNATURE(S)	DATE
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.....	.....	.....
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.....	.....	.....