

Substitute property details application





Credit/debit card payment form

PART OF THE SANTANDER GROUP

Please fill in the form using **BLOCK CAPITALS** and black ink. Tick any boxes which apply.

We are able to provide literature in alternative formats. The formats available are: large print, Braille, audio tape and PC disk. If you would like to register to receive correspondence in an alternative format please give us a call and ask for a 'Preferred Communication Request' form.

Completing this form

Name of first applicant

Name of second first applicant




Credit/debit card payment form

Valuation fee

Product change fee

Booking fee

 £

Add booking fee to loan? Please indicate

 Yes No Loan number

Amount added

 £

Please debit my credit/debit card account with (total)

 £

(The above fees are non-refundable)

Name of cardholder (as on credit/debit card)

Card number

Valid from Expiry date Switch issue number

Cardholder's signature

Date

Acceptable cards (please indicate)

 MasterCard Visa credit Visa debit (Delta) Maestro

For Regional Office use only

 Date of debit Amount debited £ Input by
Prism A/C No

Intermediary submission form



PART OF THE SANTANDER GROUP

- Mortgage application Remortgage application
 If applying for a Flexible Plus Mortgage, please also tick this box
 If a new build property, please tick this box

Supporting comments

Consultant/Adviser name
 Company
 Full address
 Postcode
 For mortgage tracking updates:
 Email address
 cc. Email address
 Product code and rate
 Interest rate %

Other details
 Office
 Intermediary number
 Telephone number (Daytime) (Area code)
 Telephone number (Evening) (Area code)
 Fax number
 Please DO NOT send me a summarised fax offer
 Customer
 Agreement ref number
 Note: Prior agreement must be made on all cases over status.

General insurance

| | Accident, sickness and unemployment | Buildings | Contents |
|-------------------------------------|--|--------------------------|--------------------------|
| I am providing cover | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am completing Santander Insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Supporting comments

Regulatory requirements

If you wish to use one of the following schemes for **Procurement fee payment**, please tick appropriate box.

| | | | |
|--|---|---|--|
| <input type="checkbox"/> 1st Mortgage Services | <input type="checkbox"/> MGM Assurance | <input type="checkbox"/> Park Row | <input type="checkbox"/> SP Mortgage Administration Centre |
| <input type="checkbox"/> A.P.S. Europe | <input type="checkbox"/> Mortgage Broking Services | <input type="checkbox"/> Paymentshield | <input type="checkbox"/> The Mortgage Alliance (TMA) |
| <input type="checkbox"/> Bankhall | <input type="checkbox"/> Mortgage 2000 (M2) | <input type="checkbox"/> Personal Touch Insurance | <input type="checkbox"/> The Mortgage Operation (TMO) |
| <input type="checkbox"/> Domain | <input type="checkbox"/> Mortgage Intelligence | <input type="checkbox"/> Pink Home Loans | <input type="checkbox"/> The Mortgage Partnership |
| <input type="checkbox"/> First Mortgage Options | <input type="checkbox"/> Mortgage Next | <input type="checkbox"/> Premier Mortgage Service | <input type="checkbox"/> Threesixty |
| <input type="checkbox"/> Friends Provident | <input type="checkbox"/> Mortgage Support Network Ltd | <input type="checkbox"/> Scottish Life Mortgages | <input type="checkbox"/> Your Move |
| <input type="checkbox"/> Independent Mortgage Direct (IMD) | <input type="checkbox"/> Network Data Ltd | <input type="checkbox"/> Sentinel Mortgages | <input type="checkbox"/> Other – Please state |
| <input type="checkbox"/> Lime | <input type="checkbox"/> Network Mortgages | <input type="checkbox"/> Sesame | <input type="text"/> |
| <input type="checkbox"/> Members' Mortgages | <input type="checkbox"/> Openwork | <input type="checkbox"/> St James Place | |

Are the applicants paying any fee to you to arrange the mortgage?

Yes No

If Yes, please advise amount

£

Have you given advice on this mortgage application?

Yes No

Method of sale (please tick as appropriate)

Face-to-face
 Telephone
 Internet
 Postal

System KFI reference number (if applicable)

Please advise if the applicant(s) have any special needs for correspondence. For example Braille, large print, audio tape, PC disk or other format

Confirmation

I confirm that:

- 1 I am authorised to act on behalf of the customer named on this application form.
- 2 I, or my company, have all appropriate authorisation from the FSA necessary for this application. If the application arises as a result of the activities of another person then that person is also appropriately authorised by the FSA or is exempt from authorisation.
- 3 I have witnessed the original payslips, if photocopies submitted.
- 4 If the application is for a CAT standards loan then I confirm that the applicant has not paid an arrangement fee.
- 5 I accept responsibility for the security of any information faxed to me (if I have chosen this method of transmission).
- 6 I will ensure that all information collected will be a true and accurate reflection of the customer's circumstances and I will keep that information up-to-date.
- 7 I have advised the customer that we may confirm income on any application, even where the customer has self certified their income.
- 8 I have discussed the mortgage payments with the applicant(s) and can confirm that the applicant(s) can afford these payments.

Intermediary signature

Date

PLEASE NOTE: YOU WILL ONLY RECEIVE ACKNOWLEDGEMENT BELOW AFTER CASE HAS BEEN CREDIT SCORED, ALL FEES HAVE BEEN RECEIVED, VALUER INSTRUCTED AND CASE AGREED IN PRINCIPLE (UNDERWRITTEN).

Customer fees

Fees – must accompany application to commence underwriting. Please use credit/debit card payment form opposite for payment

Valuation fee (non-refundable) £ Booking fee (non-refundable) £ Other £

Payment by credit/debit card only.

Regional Office acknowledgement (Office use only) (to be posted to Intermediary)

REFERENCES BEING REQUESTED

Salary App 1 Yes No Tenancy Yes No

Salary App 2 Yes No Lender's Yes No

Salary App 3 Yes No Other

Salary G'tor Yes No Date survey instructed

Product booked

Intermediary number

Account number

PRISM reference

Date underwritten

Date offer due

Contact name

Service Commitment: If all of the above information is provided we undertake to agree the application in principle and instruct the surveyor by the day after receipt, or advise you if we are unable to proceed for any reason. The offer will be available within 14 days, unless you are advised otherwise.

Substitute property details application



PART OF THE SANTANDER GROUP

(To be completed where a mortgage application has been abandoned in the last 4 weeks)

Completing this form Please fill in the form using **BLOCK CAPITALS** and black ink. Tick any boxes which apply.

Please answer all the questions so that we can deal with your application as quickly as possible.

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1 Personal details

First customer

Full name

Second customer

Full name

2 Loan details

1 Purchase price of the property not including the value of any furnishings, carpets, curtains etc. or concessions offered by the vendor.

Purchase price £

Less amount you are providing personally £

The amount you require from us to buy the property (include any Government loan (but exclude Higher Lending Charge) £

Please state source of deposit

- Equity in current property
- Gift from family
- Inheritance
- Customer's own savings
- Previous property sale
- Other (please specify)

2 Over what term do you wish to repay the loan?

3 How do you wish to repay the loan? (For Flexible Plus Mortgage, any Available Funds you may draw will be repaid on the same basis as your initial Mortgage Loan.) (Please ask your local financial adviser if you are unsure.)

If the loan is split by more than one product, please indicate all product codes, loan amounts, repayment types and terms.

Repayment options:

- By an ISA
- By an endowment policy
- By a pension policy
- By the repayment method
- By the investment method
- By interest only.

| Loan amount | Product | Add fee to loan | Repayment type | Term | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | | | Years | Months |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If you have chosen repayment, go to Question 6.

If you have chosen Interest only please indicate how the capital sum will be repaid:

- Pension
- Property and income
- Inheritance
- Stocks and Shares
- Investment income
- Other (please specify)

4 If you have more than one policy please give details on a separate sheet.

Name and address of life assurance company

Postcode

Policy number

Maturity date/retirement date

Premium £

- Monthly
- Quarterly
- Annually
- Single

Policy holder

If it is an endowment, what is the sum assured? £

Name of the person(s) assured

5 If your current age plus mortgage loan term is greater than intended age of retirement please confirm how you'll maintain mortgage payments in retirement:

- Pension
- Property and income
- Inheritance
- Stocks and Shares
- Investment income
- Other (please specify)

6 Are you intending to buy the property under a shared ownership scheme?

- Yes
- No

Or a shared equity scheme?

- Yes
- No

Or a low-cost housing scheme?

- Yes
- No

2 Loan details (continued)

What is your percentage of ownership? %

If applicable, what is the additional percentage being purchased? %

Do you have the option to buy the remaining share?

Yes No

What rent will you be paying? per month

To whom?

Registered Housing Association Local Authority
 Unregistered Housing Association Builder/Developer
 Other

Please write their name and address on a separate sheet.

7 Are you buying the property under a local authority right to buy scheme?

Yes No

If Yes, what is the full council valuation? £

8 Are you applying to anyone else for money towards the purchase price or associated costs, including renovation grants?

Yes No

If Yes, how much? £

Name of company

9 Solicitor/Licensed Conveyancer who will act for you as before, or has changed as follows.

Name and address of firm

Postcode

Name of person acting

Daytime telephone number (including area code)

Fax number (including area code)

3 Property details

If two or more people are applying, they should answer the following questions together.

10 Address of the property you want to buy

Postcode

11 Name and address of present owner or builder if new

Postcode

Present owner's daytime telephone number (including area code)

Present owner's evening telephone number (including area code)

12 Name and address of agent selling property to you

Postcode

Telephone number (including area code)

13 Will the property be your main home?

Yes No

Is the whole of the property to be used only for you and your family to live in?

Yes No

Please confirm that you currently live, or are intending to live, in the whole of the property, either on the completion of your mortgage or at a later time.

Yes No

If No, please tell us

Will a member of your immediate family live in the whole of the property, either on the completion of your mortgage or at a later time?

Yes No

If No, please tell us

Will you and/or your immediate family live in more than 40% of the property, either on the completion of your mortgage or at a later time?

Yes No

If No, please tell us

a) What other use will the property have (including full details of any business which will be carried out there)?

Continue on a separate sheet if necessary.

b) Could the property be used solely for people to live in without any structural change?

Yes No

c) Is any part of the property rented out?

Yes No

If Yes, please give details of tenants on a separate sheet.

14 Is the property you want to buy

Freehold Feudal (Scotland only) Leasehold

Number of years left on lease years

Ground rent £ per year

If this varies, please give details:

Service charge £ per year

Feu duty/Rent charge/Chief rent (Scotland only) £

If a Scottish property, has a survey been carried out by a panel surveyor from which a transcription can be taken?

Yes No

15 Type of property

Bungalow Detached house
 Semi-detached house Terraced house
 Converted flat/ maisonette Purpose-built flat/maisonette

Others (please describe)

3 Property details (continued)

(If a flat, how many floors of flats are there floors
 and which floor is the flat situated on: the floor

Number of bedrooms Number of living rooms

Designated parking space
 Yes No

Garage
 Yes No

16 Roughly how old is the property? years

If it is a new property or built in the last 10 years is it being sold with National House Building Council Cover or Foundation 15 cover?

Yes No

If No, is/was the building of the property being supervised by an architect or surveyor?

Yes No

If Yes, please give their name and address and qualifications

Postcode

Qualifications

Is this a private sale?

Yes No

If it is a new property are you receiving a vendor's sales cash incentive (e.g. paying legal or other costs, cashbacks, carpets, soft furnishings, etc.)?

Yes No

If Yes, what is the incentive and for how much?

£

17 Who should our valuer contact during working hours to obtain access to the property?

Telephone present owner Telephone agent

If other please give details:

18 Completion date. When approximately do you plan to complete the purchase and move in? You may need to speak to the present owner or your solicitor before replying.

Date

19 Previous Mortgage Application

Have you applied for a mortgage on this property before?

Yes No

If Yes, to whom?

If Yes, why didn't you go ahead with the application?

20 Will anyone over 17 be living at the property (except for the people using this form to apply)?

Yes No

If Yes, please give their full names

Are they a member of the family?

Yes No

Will they be providing money to help buy the house?

Yes No

Application for Paymentcare mortgage payment protection insurance

Please fill in the form using **BLOCK CAPITALS** and black ink. Tick any boxes which apply.

Please complete the following questions to the best of your knowledge and belief

1 Personal details

For joint applications, full details of both applicants must be included.

First customer

Title

Mr Mrs Ms Miss

Other

Are you: Male Female

First name

Middle name(s)

Surname

Other names you are known by or commonly use (not nicknames)
(please include title, first name and surname)

Date of birth

Nationality

Second nationality (if you have dual nationality)

Do you live in the UK?

Yes No

If No, please state country

Occupation

Are you self-employed?

Yes No

Daytime telephone number (including area code)

Second customer

Title

Mr Mrs Ms Miss

Other

Are you: Male Female

First name

Middle name(s)

Surname

Other names you are known by or commonly use (not nicknames)
(please include title, first name and surname)

Date of birth

Nationality

Second nationality (if you have dual nationality)

Do you live in the UK?

Yes No

If No, please state country

Occupation

Are you self-employed?

Yes No

Daytime telephone number (including area code)

2 Address details

Property to be insured/mortgaged (if different from present)

Postcode

Present address

Postcode

3 Cover and benefits

Do you have an existing Paymentcare policy with Santander?

Yes No

Cover required (please tick)

– Accident, sickness and unemployment (including carer cover)
12 months cover with a 28-day waiting period
£7.77 per month per £100 of cover

– Accident and sickness 12 months cover with a 28-day waiting
period £4.20 per month per £100 of cover

**Please note that your Paymentcare premium includes Insurance
Premium Tax at the current rate.**

MINIMUM BENEFIT £100 PER MONTH
MAXIMUM BENEFIT £2,000 OR 50% OF GROSS MONTHLY SALARY –
WHICHEVER IS THE LOWER.

Joint cover

Split of benefit if the policy is in joint names (benefits may be split in
bands of 10% and must total 100%)

First customer %

Second customer %

Please state start date of cover (if not linked to a new mortgage)

Benefit details

Please give details of monthly outgoings you would like to cover

- a) Monthly mortgage payment
(including any other loans secured on your home) £
- b) Monthly endowment, ISA or life premiums £
- c) Monthly buildings and contents
insurance premium £
- d) Optional cover for regular monthly commitments £
- e) Total basic monthly benefit (a+b+c+d) £
- f) Monthly Paymentcare premium (e x premium rate %) £
- g) Total monthly benefit (e+f)
(rounded up to nearest £1.00) £

TOTAL MONTHLY PREMIUM PAYABLE
(g x premium rate %) £

Please indicate which of the following dates you would prefer us to debit
your premiums

1st 8th 15th 22nd 28th

Peace of Mind home insurance Intermediary submission form

Please fill in the form using **BLOCK CAPITALS** and black ink. Tick any boxes which apply.

Consultant/Adviser name

Company

Full address

Postcode

Intermediary number

Has advice been given in respect of the sale of this insurance?

 Yes No

Office

Intermediary FSA registration number

For Appointed Representatives only:

Please tell us the FSA registration number of your principal

Daytime telephone number (including area code)

Evening telephone number (including area code)

Fax number (including area code)

If you wish to use one of the following schemes for Procurement Fee Payment, please tick the appropriate box.

| | | | |
|--|---|---|--|
| <input type="checkbox"/> 1st Mortgage Services | <input type="checkbox"/> MGM Assurance | <input type="checkbox"/> Park Row | <input type="checkbox"/> SP Mortgage Administration Centre |
| <input type="checkbox"/> A.P.S. Europe | <input type="checkbox"/> Mortgage Broking Services | <input type="checkbox"/> Paymentshield | <input type="checkbox"/> The Mortgage Alliance (TMA) |
| <input type="checkbox"/> Bankhall | <input type="checkbox"/> Mortgage 2000 (M2) | <input type="checkbox"/> Personal Touch Insurance | <input type="checkbox"/> The Mortgage Operation (TMO) |
| <input type="checkbox"/> Domain | <input type="checkbox"/> Mortgage Intelligence | <input type="checkbox"/> Pink Home Loans | <input type="checkbox"/> The Mortgage Partnership |
| <input type="checkbox"/> First Mortgage Options | <input type="checkbox"/> Mortgage Next | <input type="checkbox"/> Premier Mortgage Service | <input type="checkbox"/> Threesixty |
| <input type="checkbox"/> Friends Provident | <input type="checkbox"/> Mortgage Support Network Ltd | <input type="checkbox"/> Scottish Life Mortgages | <input type="checkbox"/> Your Move |
| <input type="checkbox"/> Independent Mortgage Direct (IMD) | <input type="checkbox"/> Network Data Ltd | <input type="checkbox"/> Sentinel Mortgages | <input type="checkbox"/> Other – Please state |
| <input type="checkbox"/> Lime | <input type="checkbox"/> Network Mortgages | <input type="checkbox"/> Sesame | <input type="text"/> |
| <input type="checkbox"/> Members' Mortgages | <input type="checkbox"/> Openwork | <input type="checkbox"/> St James Place | |

Confirmation

I confirm that:

1. I am authorised to act on behalf of the customer named on this application form.
2. All customers have been identified in accordance with the existing agreement with Santander UK plc.
3. I, or my company, have all the appropriate authorisation from the FSA for this application. If the application arises as a result of the activities of another person, then that person is also appropriately authorised by the FSA or is exempt from authorisation.
4. I will ensure that all information collected will be a true and accurate reflection of the customer's circumstances and I will keep information up to date.

Intermediary signature

Office use only

Regional office number

Sales team number

Campaign code

Intermediary number

Application for Peace of Mind home insurance

Please complete the following questions to the best of your knowledge and belief

Regional office use only

Please ensure that this section is completed.

| | | | |
|--------------------------------------|----------------------|--|----------------------|
| Regional office number | <input type="text"/> | Intermediary number | <input type="text"/> |
| Sales team number | <input type="text"/> | FSA registration number where applicable | <input type="text"/> |
| Intermediary name (for Trigold only) | <input type="text"/> | Name of company (for Trigold only) | <input type="text"/> |

Completing this form

Please fill in the form using **BLOCK CAPITALS** and black ink. Tick any boxes which apply.

If you think of anything relating to you, your family or your property which might influence the likelihood or severity of a loss, please give full details. Your cover may be amended or an additional premium charged.

Any facts that might be relevant should be included. Failure to do so could affect the settlement of claims or invalidate the policy. If you are in any doubt about facts, you should disclose them in the appropriate box on the application form.

Cover is subject to terms and conditions, restrictions and exclusions. Full details are in the policy booklet, which is available on request. Individual limits apply to certain areas of cover. A copy of your completed application form can be supplied on request, within a period of 3 months after its completion.

In all cases the following must be completed:

- 1a Your details (1b if applicable)
- 2 Property details
- 5 Method of payment

Please select and complete the relevant remaining sections for the cover required.

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1a Your details

Title

Mr Mrs Ms Miss

Other

Are you: Male Female

First name

Middle name(s)

Surname

Other names you are known by or commonly use (not nicknames) (please include title, first name and surname)

Date of birth

Nationality

Second nationality (if you have dual nationality)

Is your country of residence the UK? Yes No

If No, please state country

Address of property to be insured

Postcode

Occupation (job title and brief description)

Daytime telephone number (including area code)

Evening telephone number (including area code)

Email address

Preferred method of contact Letter Telephone Email

Correspondence address (if different from property to be insured)

Postcode

1b Joint applicant details **Please complete where appropriate.**

Title
 Mr Mrs Ms Miss
 Other

Are you: Male Female

First name

Middle name(s)

Surname

Other names you are known by or commonly use (not nicknames)
 (please include title, first name and surname)

Date of birth

Nationality

Second nationality (if you have dual nationality)

Is your country of residence the UK?
 Yes No

If no, please state country

What is your home address?

Postcode

Occupation (job title and brief description)

Daytime telephone number (including area code)

Evening telephone number (including area code)

Email address

If there are more than 2 applicants, please complete the information required in 1b on a separate sheet for the additional applicant(s).

2 Property details **This section MUST be completed, please tick boxes where appropriate.**

Type of property

Standard

| | | | |
|--|---|---|---|
| <input type="checkbox"/> Detached house | <input type="checkbox"/> Semi-detached house | <input type="checkbox"/> End terraced house | <input type="checkbox"/> Mid terraced house |
| <input type="checkbox"/> Detached bungalow | <input type="checkbox"/> Semi-detached bungalow | <input type="checkbox"/> Terraced bungalow | <input type="checkbox"/> Maisonette |
| <input type="checkbox"/> Converted flat | <input type="checkbox"/> Purpose-built flat | <input type="checkbox"/> Flat above business with firebreak floor | |

Non-standard

| | | | |
|--|--|--|--|
| <input type="checkbox"/> Chalet | <input type="checkbox"/> Property with multiple outbuildings | <input type="checkbox"/> Flat above business with no firebreak floor | <input type="checkbox"/> Service flat within employer's premises |
| <input type="checkbox"/> Building under construction | <input type="checkbox"/> Mansion | | |

Other – please specify

Is the property mortgaged?
 Yes No

If yes, who is the mortgage provider?

If you have a mortgage with Santander UK plc or Alliance & Leicester plc, please state your mortgage number

Number of bedrooms (include all rooms used as a bedroom or originally built as a bedroom – even if not used as one)

Year the property was built (approximately)

When did or when are you planning to move in?

2 Property details (continued)

Ownership of property:

- I own the property and my family live there
- Rented furnished from the local authority
- Rented unfurnished from the local authority
- Rented furnished from a landlord
- Rented unfurnished from a landlord
- Tied under a lease agreement
- Freeholder with lessee occupying
- Let to a family or individual*
- Let to multiple families or individuals*
- Let to a housing association or local authority*
- Let to benefit claimants or students*

* If you ticked any of these boxes, please answer the following:

Is the property classed as a bedsit?

- Yes No

Please give us details of the current letting agreement

Start date

| | | | | | |
|---|---|---|---|---|---|
| M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|

Will the entire letting period be for more than three years?

- Yes No

Do you pay local authority business rates?

- Yes No

Security details

Is the property:

a) fitted with approved locks to all accessible doors and windows?

- Yes No

b) fitted with a smoke detector?

- Yes No

c) in a police approved Neighbourhood Watch Area?

- Yes No

d) fitted with an approved burglar alarm?

- Yes No

If yes, please specify

- National Security Inspectorate (NSI)
- Security Systems and Alarms Inspection Board (SSAIB)
- Association of Chief Police Officers (ACPO)
- Other alarm

Is the burglar alarm under an annual maintenance contract?

- Yes No

Details of the home/occupancy information

a) What is the main construction of the walls?

- | | |
|---|---|
| <input type="checkbox"/> Brick | <input type="checkbox"/> Brick/timber frame |
| <input type="checkbox"/> Stone | <input type="checkbox"/> Timber frame |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Cob construction |
| <input type="checkbox"/> Flint | <input type="checkbox"/> Metal (not corrugated iron) |
| <input type="checkbox"/> Prefab building | <input type="checkbox"/> Stramit construction |
| <input type="checkbox"/> Timber or timber/plaster | <input type="checkbox"/> Wattle and daub construction |
| <input type="checkbox"/> Woodwall or woodwork | <input type="checkbox"/> Plastic/glass/fibreglass |
| <input type="checkbox"/> Essex construction | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Other | |

b) What is the main construction material of the roof?

- | | |
|---|--|
| <input type="checkbox"/> Tile | <input type="checkbox"/> Slate |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Asphalt |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Corrugated iron |
| <input type="checkbox"/> Felt on timber | <input type="checkbox"/> Fibre glass |
| <input type="checkbox"/> Metal | <input type="checkbox"/> Stramit |
| <input type="checkbox"/> Thatch (reed or fibre) | <input type="checkbox"/> Timber |
| <input type="checkbox"/> Turnered | <input type="checkbox"/> Woodwork construction |
| <input type="checkbox"/> Glass or plastic | <input type="checkbox"/> Shingle |
| <input type="checkbox"/> Other | |

c) In what capacity is the home used?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Permanent home | <input type="checkbox"/> Holiday home |
| <input type="checkbox"/> Let to others | <input type="checkbox"/> Weekday home |
| <input type="checkbox"/> Weekend home | <input type="checkbox"/> Other |

Is the home:

d) solely occupied by you and members of your household?

- Yes No

Frequency of occupancy

- regularly occupied
- regularly unoccupied for 4 days or more
- unoccupied for 30-60 consecutive days
- unoccupied for more than 60 consecutive days

e) used for business purposes?

- | | |
|---|---|
| <input type="checkbox"/> No office use | <input type="checkbox"/> Office use with no visitors |
| <input type="checkbox"/> Office use with visitors | |
| <input type="checkbox"/> Registered childminding (1 to 3 children) | <input type="checkbox"/> Registered childminding (4+ children) |
| <input type="checkbox"/> Unregistered childminding (1 to 3 children) | <input type="checkbox"/> Unregistered childminding (4+ children) |
| <input type="checkbox"/> Other business type | |

f) self-contained with separate lockable entrances and no shared facilities under the sole control of you or members of your household?

- Yes No

g) in a good state of repair, free from damage of any kind and maintained in this state?

- Yes No

Has the home or its surrounding area:

a) ever suffered from subsidence, landslip, heave, coastal or river erosion?

- Yes No

b) ever been affected by flood or have you been advised that they are susceptible to flood?

- Yes No

2 Property details (continued)

Details of the household

Have you, or any member of your household:

a) been declared bankrupt or been the subject of any bankruptcy proceedings?

Yes No

b) been refused insurance, had any cover cancelled or had any special terms applied by any insurer?

Yes No

c) made an insurance claim or suffered a loss within the last 5 years, whether insured or not? If more than one claim, please specify on a separate sheet.

Yes No

If yes, please complete the following:

Date of claim or loss:

Reason for claim (eg burglary)

Amount claimed for

£

Section of policy claimed against:

Buildings Contents
 Personal possessions Not insured
 Legal expenses

Claim status

Settled Pending No claim made

d) been convicted of or cautioned with (or charged but not ¹ yet tried with) any criminal offence (excluding motoring convictions)?

Yes No

If yes, please fill in the following:

Which member of the household
 Conviction date
 Type (eg fraud)
 Fine £
 Sentence type (eg imprisonment or fine)
 Length of sentence

If you or any member of your household has more than one conviction, please specify on a separate sheet.

¹ Where a conviction is spent under the Rehabilitation of Offenders Act 1974, you need not advise us of this.

3 Buildings insurance

Complete if required.

i) Our Peace of Mind buildings insurance provides an unlimited sum insured. If, however, your property is non-standard (see Section 2), or has more than 6 bedrooms, you must specify the sum insured:

£

ii) Please select your voluntary excess by ticking the appropriate box ²

£0 £50 £100 £150 £200
 £250 £300 £350 £400

Extended accidental damage option

Do you require extended accidental damage cover for your buildings?

Yes No

For further information please refer to the policy booklet which is available on request.

² There is a compulsory £75 excess for all buildings and buildings extended accidental damage claims. For subsidence, ground heave and landslip claims, the compulsory excess is £1,000. Compulsory excesses are in addition to any voluntary excess selected and any excess applied by the insurer.

4 Contents insurance

Complete if required.

i) Our Peace of Mind contents insurance provides an unlimited sum insured. If, however, your home has 6 or more bedrooms, the amount of contents cover must be specified (minimum amount £35,000)

£

Peace of Mind contents insurance provides cover for valuables, eg jewellery and watches.

If you require more than £10,000 of valuables cover, please specify the amount

£

If any individual valuable kept within the home is worth more than £1,000, this needs to be detailed on your policy. Please complete the item specification section on the following page.

ii) Please select your voluntary excess by ticking the appropriate box ³

£0 £50 £100 £150 £200
 £250 £300 £350 £400

Extended accidental damage option

Do you require extended accidental damage cover for your contents?

Yes No

For further information please refer to the policy booklet which is available on request.

³ There is a compulsory £75 excess for all contents and contents extended accidental damage claims. Compulsory excesses are in addition to any voluntary excess selected and any excess applied by the insurer.

4 Contents insurance (continued)

Personal possessions cover

This is only available as an extension to contents insurance. ⁴ This section provides cover for individual items worth up to £1,000, and pedal cycles (including accessories) up to £300, both in and away from the home.

i) Do you require cover for your personal possessions whilst they are away from the home?

Yes No

ii) If yes, please specify the total value, between £1,000 and £15,000, of your personal possessions you wish to cover (excluding items worth more than £1,000 each and pedal cycles worth more than £300)

£

Specified items worth more than £1,000, or £300 for pedal cycles, can also be insured outside the home. Please tick the 'Personal Possessions cover' box in the 'item specification' section below.

Item specification

Where cover is required for any individual items worth more than £1,000 each, as well as pedal cycles (including accessories) worth more than £300, please complete the section below. A professional valuation, not more than 2 years old, is needed for items over £2,000.

| Item type (e.g. jewellery, pedal cycle) and description of item, including make, model etc. | Value | Please tick if you wish to have personal possessions cover for the specified item |
|---|-------|---|
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| | £ | |

Please continue on a separate sheet if necessary.

⁴ There is a compulsory excess of £35 for each claim made under the unspecified personal possessions, money and credit card sections.

5 Family legal protection

This section MUST be completed.

This is available as an extension to both buildings and/or contents insurance.

Do you require family legal protection? ⁵

Yes No

For further information please refer to the policy booklet which is available on request.

⁵ There is a £30 compulsory excess for each claim made under the family legal protection option.

6 Method of payment

This section MUST be completed.

When would you like your insurance cover to start?

Name of account holder(s)

Bank/building society account number

Sort code

Name and full postal address of your bank/building society

Postcode

Direct Debit is the easy way to pay for your home insurance. Paying this way gives you the opportunity to pay monthly premiums by Direct Debit at no extra charge.

Please note: Whether you have chosen to include buildings, contents or both within your policy, there is only one payment to make. Whichever method of payment you choose, you will be given prior notice of any change in the premium payable.

7 Data protection statement

Please read carefully before signing and dating this application form. If this application is made in joint names this section applies to each person separately.

Whether or not I become a customer, you may share and use all the information I give to you Santander UK plc and the Underwriters or you hold on me including information on transactions on the account, with the group of companies to which you belong (the Santander Group), your associated companies, service providers or agents who may be located in other countries.

I understand that you will make sure that my information is only used in accordance with your instructions and your own strict policies on confidentiality. If you transfer my information to another country, you will also make sure that it is given the same levels of protection as required under the UK Data Protection Act.

I agree that you may use my information in this way for insurance administration. For this purpose, you may pass the information to selected third parties and reinsurers. I agree to you processing personal data including sensitive personal data about me and other people who may be insured under the contract. I understand that all personal data I give must be accurate. I confirm that I am allowed to give you information about any joint applicant, partner or spouse or third party and I have the specific permission of those other people who are insured to give you their personal data. I give you my permission for you to check the information I give, including checking whether I have criminal convictions in the event of a claim.

I understand all information, including sensitive personal data relating to convictions, given by individual policyholders may be made available to all policyholders named on the policy.

I agree that you may use my information for administration purposes and to:

- Provide and run the account or service I have applied for and develop and improve your products and services.
- Identify and let me know by post, phone or electronic media (including email and SMS) of products or services, which your group of companies and its associated companies think may interest me. (If I am over 18, when deciding whether to provide me with details of a credit product you may search the files of credit reference agencies, who will not make a record of this search available to other lenders who search my file.)
- Invite me to take part in market research surveys.

Where I indicated, when applying, that I did not want to receive such marketing information or take part in market research, I understand that you will respect my wishes. Unless I have said otherwise, by continuing with this application, I agree to you contacting me using any of the methods shown above.

I agree to you asking for information from other insurers to check the answers I have provided and I give my permission for the giving of such information for such purposes.

Before you can set up my policy, you will check my details with fraud prevention agencies, and may make searches at credit reference agencies who will supply you with information including information from the electoral register, for the purposes of verifying my identity. Scoring methods may be used to verify my identity. A record of this process will be kept that may be used to help other companies to verify my identity. If I give you false or inaccurate information and fraud is identified, details will be sent to fraud prevention agencies. Law enforcement agencies may access and use this information.

You and other organisations may search and use the records held by credit reference and fraud prevention agencies about me and my financial associates or partner/spouse and others in my household, to prevent crime, fraud and money laundering and for example:

- to check details provided on applications for credit and credit related or other facilities;
- to verify my identity if I or my financial associate apply for other facilities;
- to help make decisions about credit and credit related services, insurance proposals and claims, and all types of facilities for me, my financial associate or partner/spouse and other members of my household;
- to check the operation of credit and credit related accounts and to manage accounts and facilities, including tracing debtors and recovering debt;
- to help make decisions about job applicants and employees; and
- to undertake statistical analysis and system testing.

You and other organisations may search and use from other countries the information recorded at fraud prevention agencies. Further information on the credit reference agencies and fraud prevention agencies that you use is available by telephoning 0845 602 0319.

You may also give essential information to others where this is needed to run and/or renew my policy and to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules or codes. You will keep information about me after my insurance has expired. I understand I have the right to see certain records you hold about me if I pay a fee and I can get an information sheet explaining my rights by telephoning the Customer Service Helpline detailed in the policy.

8 Important notes

Please read carefully before signing this application form.

Claims and Underwriting Exchange Register

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. When you tell us about an incident (such as a fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register. You can ask us for more information about this. You should show this notice to anyone who has an interest in the property insured under the policy.

Complaints

If the insurer cannot resolve your complaint and you remain dissatisfied or the insurer has not issued a final response letter within 8 weeks of you first complaining, you can refer this to the Financial Ombudsman Service. The Ombudsman's address is: Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR. None of the above affects any rights you may have to take action against the insurers.

The law

There is a choice of law for this insurance, but unless we agree otherwise, the law for that part of the UK where you live at the start date will apply.

Your duty of disclosure

You must disclose any facts known to you which are likely to affect the insurer's decision to accept the risk of insurance (and, if so, on what terms). You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. If you are unsure as to whether to disclose any information, do not hesitate to contact us.

You do not need to disclose convictions regarded as 'spent' under the Rehabilitation of Offenders Act 1974. Should you have any doubt about what you should disclose, do not hesitate to contact us.

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce liability under the contract in respect of a claim or may cancel the contract. If your disclosure proved to be fraudulent, the insurer may also have the option of voiding the contract from the beginning and reclaiming any money paid out for previous claims.

The type of insurance service we provide

The policy is underwritten by CGU Underwriting Ltd, registered in England number 94405. Registered office: St Helens, 1 Undershaft, London EC3P 3DQ. A member of the Aviva Group. The family legal protection option is insured by Ultimate Insurance Solutions Limited on behalf of certain underwriters at Lloyd's. The insurers are authorised and regulated by the Financial Services Authority and are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the scheme if the insurers cannot meet their obligations. Further information about compensation arrangements is available from the Financial Services Compensation Scheme.

9 Declaration

This section MUST be completed. If you require joint cover both customers must sign the form. If this application is made in joint names this section applies to each person separately.

I confirm that I have read and understood the data protection statement and Important notes.

I understand that, if appropriate, you will pass the information on this form and about any incident I may give details of to IDS Ltd so that they can make it available to other insurers. I also understand that, in response to any searches you may make in connection with this application or any incident I have given details of, IDS Ltd may pass you information it has received from other insurers about other incidents involving anyone insured under the policy.

I have checked all the details contained within this application form and declare that everything is correct to the best of my knowledge and believe that no material fact has been withheld or suppressed.

I agree that this shall form the basis of the contract between me and CGU Underwriting Limited, together with Ultimate Insurance Solutions Limited on behalf of certain underwriters at Lloyd's, if the family legal protection option is selected.

First customer signature

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Second customer signature

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

10 Checklist

Have you:

- Fully completed 'Your details'?
- Fully completed 'Property details'?
- Provided full details of the insurance cover you require within 'Buildings insurance' and/or 'Contents insurance'?
- Provided bank/building society details?



For Regional Office use only

FTB Sw Ex Rm AI

Mortgage A/C number

Interest rate

Quota control number

Intermediary

Intermediary number

Solicitor's panel number

Application agreed in principle

Agreed by (full name) and staff number

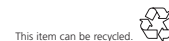
Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

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Santander UK plc advises on mortgages, a limited range of life assurance, pension and collective investment scheme products and acts as an insurance intermediary for general insurance.

MORT 0053 JAN 10 TDD



To be detached and retained by the customer.



Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme
- If an error is made in the payment of your Direct Debit, either by us, Santander UK plc, or by your bank or building society, you are entitled to a full and immediate refund from your bank branch. Simply contact your bank or building society to arrange a refund, or if you prefer contact Santander UK plc and we shall arrange to repay you direct
- You can cancel a Direct Debit at any time by simply contacting your bank, building society or us. Written confirmation may be required
- If there are any changes to the amount, date or frequency of your Direct Debit, Santander UK plc will notify you in advance of your account being debited; this will be five working days or as otherwise agreed
- If you request us to collect a payment, confirmation of the amount and date will be given to you at the time of the request.



