

MORTGAGE PROVIDER INFORMATION REQUEST

Dear Sirs,

Mortgage Account Number:

FSCS Reference:

I / we are making a claim for compensation to the Financial Services Compensation Scheme. So that I / we may submit the claim I / we need certain information. Please can you send me / us the following:

1. Confirmation of the original selling agent, their address and their SIB/FSA/FCA number.
2. Mortgage Offer Document, showing;
 - i. Start date
 - ii. Rates applied
 - iii. Amount borrowed
 - iv. Term.
3. Annual Mortgage Statements, showing;
 - i. Payments and dates made
 - ii. Changes to interest rates
 - iii. Details of any further borrowing
4. A copy of the original application form.
5. Redemption Statement of previous mortgage if available.
6. Completion Statement.

Please take this as my/our authority to release any additional information about my / our mortgage to the Financial Services Compensation Scheme at a future date.

I / we look forward to hearing from you as soon as possible.

Yours faithfully

Name(s):

Address(s):
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.....
.....

Signature(s):

Date:

SOLICITOR INFORMATION REQUEST

Dear Sirs,

Reference:

FSCS Reference:

I / we are making a claim for compensation to the Financial Services Compensation Scheme. So that I / we may submit the claim I / we need certain information. Please can you send me / us the following:

1. Completion Statement.
2. Redemption Statement, if applicable.

Please take this as my/our authority to release any additional information about my / our mortgage to the Financial Services Compensation Scheme at a future date.

I / we look forward to hearing from you as soon as possible.

Yours faithfully

Name(s):

Address(s):
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.....
.....

Signature(s):

Date:

INVESTMENT PROVIDER INFORMATION REQUEST

Dear Sirs,

Investment Reference:

FSCS Reference:

I / we are making a claim for compensation to the Financial Services Compensation Scheme. So that I / we may submit the claim I / we need certain information. Please can you send me / us the following:

3. Confirmation of the original selling agent, their address and their SIB/FSA/FCA number.
4. Full transaction history showing the original amount and date invested, any further amounts invested, charges taken and any withdrawals, income or interest paid.
5. Current value of the investment, or actual value received from the investment if applicable.
6. A copy of the original application form.
7. The policy document, key features or policy schedule if applicable.

Please take this as my/our authority to release any additional information about my / our investment to the Financial Services Compensation Scheme at a future date.

I / we look forward to hearing from you as soon as possible.

Yours faithfully

Name(s):

Address(s):
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.....

Signature(s):

Date:

ADDITIONAL PRODUCT PROVIDER INFORMATION REQUEST

Dear Sirs,

Product Name:

Product Reference:

FSCS Reference:

I / we are making a claim for compensation to the Financial Services Compensation Scheme. So that I / we may submit the claim I / we need certain information. Please can you send me / us the following:

1. Confirmation of the original selling agent, their address and their SIB/FSA/FCA number.
2. Full transaction history showing all monies in and monies out, for example all premiums paid, investments, withdrawals, claims made.
3. A copy of the original application form.
4. The policy document, key features or policy schedule provided at the time of sale.
5. Any illustrations provided at the time of sale.

Please take this as my/our authority to release any additional information about my / our policy to the Financial Services Compensation Scheme at a future date.

I / we look forward to hearing from you as soon as possible.

Yours faithfully

Name(s):

Address(s):
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Signature(s):

Date: