

## Conveyancing Instruction Form: Remortgage

PLEASE COMPLETE ALL SECTIONS OF THE FORM WITH AS MUCH INFORMATION AS POSSIBLE.

### Personal Details - Owner 1

Title: <i>(please tick)</i>	Mr.	<input type="checkbox"/>	Miss.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Dr	<input type="checkbox"/>
First names:										
Surname:										
E-mail address:										
Home telephone number:										
Daytime telephone number:										
Mobile telephone number:										
Current Address										
Town:										
County:										
Postcode:										

### Personal Details - Owner 2

Title: <i>(please tick)</i>	Mr.	<input type="checkbox"/>	Miss.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Dr	<input type="checkbox"/>
First names:										
Surname:										
E-mail address:										
Home telephone number:										
Daytime telephone number:										
Mobile telephone number:										
Address (if different from above):										
Town:										
County:										
Postcode:										

If you do not have a mortgage please forward your title deeds to us.

**Wirral**  
 Ground Floor, Rosebrae Court  
 Woodside Ferry Approach  
 Birkenhead, Wirral, CH41 6DU

**London**  
 49 Britton Street  
 London  
 EC1M 5UL

**Warrington**  
 Ibis Court, Lakeside Drive  
 Centre Park, Warrington  
 Cheshire, WA1 1RL

**Hemel Hempstead**  
 Unit 5, Finway Road  
 Hemel Hempstead  
 HJP2 7PT

Tel: 0151 647 3000  
 Fax: 0151 647 7913

Tel: 0207 251 9900  
 Fax: 0207 490 1275

Tel: 01925 428 360  
 Fax: 01925 428 361

Tel: 0870 950 8305  
 Fax: 0870 950 8306

[www.specterpartnership.co.uk](http://www.specterpartnership.co.uk)  
[enquiries@specterpartnership.co.uk](mailto:enquiries@specterpartnership.co.uk)

**Your existing mortgage - If you do not have a mortgage please forward your title deeds to us**

Name of current lender:	
Address:	
Town:	
County:	
Postcode:	
Mortgage Account Number (must be supplied):	

Please provide details of any other mortgages:

Name of 2nd lender:	
Address:	
Town:	
County:	
Postcode:	
Mortgage Account Number (must be supplied):	

**Your new mortgage (Bank or Building Society)**

Name of lender:					
Address of lender:					
Town:					
County:					
Postcode:					
Will anyone over 17 be living with you at the property?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If so, please supply their full names and ages:	Name: <input type="text"/> Age: <input type="text"/>				
	Name: <input type="text"/> Age: <input type="text"/>				
	Name: <input type="text"/> Age: <input type="text"/>				
	Name: <input type="text"/> Age: <input type="text"/>				
Amount of new mortgage applied for:	£ <input type="text"/>				

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## Identification

As a law firm handling clients funds, we are obliged to comply with the EC Money Laundering Directive and obtain evidence of identify for clients for whom we did not act prior to 1st April 1994. In order to avoid unnecessary delays, could you please contact the appropriate office to arrange an appointment to provide one of the following proofs of identity:

### Proof of Name:

- A valid UK or European Community Passport
- Armed Forces ID card
- A signed employees ID card bearing your photograph and signature
- Full UK or EC driving licence
- Plastic National Insurance card bearing your signature

## Excess funds

On completion of your purchase, we may need to issue a cheque for any excess funds. If this is necessary, could you please advise of whom the cheque should be made payable to:

Name: (s)

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## Have You Made A Will?

### MAKING A WILL GIVES YOU PEACE OF MIND THAT YOUR FAMILY'S FUTURE IS SECURE

A Will is an important legal document which allows you to decide how your estate is to be dealt with in the event of your death. If you should die without making a Will, strict rules govern how your estate is dealt with which may not be in accordance with your wishes. Married couples often assume that their spouse will automatically inherit but this may not be the case. A Will is essential for unmarried couples.

#### Reasons to make a Will

- Intestacy
- Civil partnership, Marriage, divorce: revoke will
- Guardianship: children under 18
- Certainty: Save arguments for family over who gets the valuable watch etc – you will have control over your assets and who receives them
- Inheritance tax savings such as nil rate band
- Property bought under shared ownership schemes: buyers require a Will as part of the contract
- Power of attorney: Lasting power of attorney in case of later incapacity and if spouses own property as tenants in common as spouse will not be able to sign contracts for them ( both signatures required)
- Long term care planning: costs of going into a home and also keeping your home safe
- Choice of executors & trustees: people you know and trust
- Executorship service: we can be your executors - probate service
- Business property relief if clients own a business
- Deed of variation: within 2 years can insert the nbr trust and help in event of intestacy

**Please tick one of the following statements, whichever applies, and return with the enclosed documentation:**

1. I do not have a Will and would like further information on this subject.	<input type="checkbox"/>	<input type="checkbox"/>
2. I would like to review my current Will.	<input type="checkbox"/>	<input type="checkbox"/>
3. I have a current Will, which is appropriate to my circumstances (we recommend a review every 5 yrs).	<input type="checkbox"/>	<input type="checkbox"/>
4. I do not have a Will and do not wish to consider making one at this time.	<input type="checkbox"/>	<input type="checkbox"/>
5. I would like to instruct The Specter Partnership to <b>draft / review my will / wills.</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Please note that a 10% discount is given to all new and existing clients on our will drafting service**

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## Authority to Act: Remortgage

PLEASE READ THIS DOCUMENT, SIGN AND RETURN TO THE RELEVANT OFFICE.

### DECLARATION

I / we would like to authorise The Specter Partnership Solicitors to act on **my / our** behalf in relation to my conveyancing transaction .

### CLIENT 1

Signed:

Print Name:

Dated:

### CLIENT 2

Signed:

Print Name:

Dated:

Please sign your name (s) above and return this form to us as soon as possible by way of acceptance of the terms and conditions of our appointment as set out in these forms.

Please note that we are unable to process your transaction until we receive this form back from you.

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