



Direct Panel Commission Claim Form

This form must be faxed to 0845 126 25 27 to ensure your payment of commission

Introducer Information

Intermediary Name		Company Name	
Email Address			
Company Address			Postcode
Company Telephone		Company Fax	

Application Information

Applicant Names									
Property to be Mortgaged									
	Postcode								
Lender									
Type	<input type="checkbox"/> Re Mort	<input type="checkbox"/>	<input type="checkbox"/> Pur	<input type="checkbox"/>	<input type="checkbox"/> Sale	<input type="checkbox"/>	<input type="checkbox"/> RTB	<input type="checkbox"/>	<input type="checkbox"/> BTL
Loan Amount	£								
Broker Fee	£								
Proc Fee	£								

Official Use

Team								
Date	/ /							
Signed								