Client Transfer Checklist

(to be completed by broker)

Client(s) Name:			
Broker Name:		FSA Number:	
Network Name:		Directly Authorised:	
Commission Paid To:			
	Advised		Non-Advised
Lender:			
Product:		Type:	I.O. C&I
Amount:	£	Term:	Years

Has a recommendation been made?	Y		N	
Has a full fact find been taken?	Y		N	
Has a KFI been issued?	Y		N	
Has the income on the mortgage application been verified?	Y		N	
Has the original ID been seen?	Y		N	
Has affordability been established?	Y		N	
Have all fees been discussed with the client?	Y		N	
Does product term go into retirement?	Y		N	
If repayment type is I.O, is there a repayment plan documented?	Y		N	

I confirm that all compliance has been completed on this case in line with FSA requirements.

Permissions have been obtained from the client to release information to meet Data Protection requirements.

Name: ______________________________ Signature: ______________________________

Date: ______________