

**INTERMEDIARY DECLINE APPEAL
(Mortgages only)**

FAX number sent to: _____

Date: _____

Applicant's name	(1)	(2)												
Application Number (max 13)														

<p>The appeal will only be considered if this form is completed in full and you have provided the following documentation for all applicants with this fax:</p> <ul style="list-style-type: none"> • Proof of income i.e. latest payslip (<i>for all applicants</i>) • 3 months latest consecutive bank statements (<i>for all applicants</i>) • Where Self Employed (3 years accounts or Abbey Accountants Reference) • Documentary evidence of existing Santander relationship, which should consist of at least one of the following: <ul style="list-style-type: none"> ○ An Abbey or A&L mortgage with no arrears in the last 12 months. ○ A well conducted Santander or A&L current account that has been operated continually within agreed limits and showing salary credits for a minimum of 6 mths. ○ A Santander or A&L savings account with an average large balance* in the last twelve months. *This will depend on the earnings of the applicant but 'a large balance' in this context is at least three months net earnings of all applicants. ○ Permanent members of Santander staff (not probationary/ contract staff, unless they already meet one of the previous requirements) <p>Please note that all documentation must be inline with risk policy, if in doubt you should refer to the income policy on afi.com.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Is this decision a Full Mortgage Application or an Underwriter decline? <i>Delete as applicable</i>	FMA/Underwriter

To appeal the decision you must FULLY satisfy the decline reasons in your supporting comments on the following page. If you fail to provide supporting information and documentation the appeal will not be actioned. Please note that completion of this form DOES NOT guarantee acceptance of the Mortgage, it merely facilitates an appeal.

I confirm that I have completed the above checklist and faxed with this document the required documentation and rationale. I understand that if I have not complied with this instruction that the appeal will not be actioned and that there will no further chance to appeal:

Your Name: _____

Company Name: _____

Your Signature: _____

This section should be completed with your rationale for appealing: