



Packager Submission Form

Packager Company Name	<input type="text"/>	Packager FCA Reg. Number (if applicable)	<input type="text"/>
Case Handler Name	<input type="text"/>	Packager Company Address	<input type="text"/>
Case Handler Email	<input type="text"/>		
Case Handler Telephone Number	<input type="text"/>		
Applicants Name(s)	<input type="text"/>	Case submitted on behalf of	<input type="text"/>

PAYMENT OF PROCURATION FEES

Please confirm whether the fees are to be made payable to:

Broker Company:	<input type="checkbox"/>	Network:	<input type="checkbox"/>	Mortgage Club:	<input type="checkbox"/>	Packager:	<input type="checkbox"/>
Percentage of fee:	<input type="text"/>	Percentage of fee:	<input type="text"/>	Percentage of fee:	<input type="text"/>	Percentage of fee:	<input type="text"/>

DECLARATION

I confirm that I am duly authorised to submit this application and am not doing so on behalf of an unauthorised person or firm.

Packager Signature	<input type="text"/>	Date:	<input type="text"/>
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SUPPORTING INFORMATION