PAYMENT PROTECTION GUIDE

APPLICATION FORM

MM/krs/Ms/Miss	Full postal address of the mortgaged property	Postcode	
Itele and full name of First Applicant (1) - Please delete as applicable Date of birth (1) Mail Author/Moldes			
bbt/bcs/dks/dkics		Telephone number	
bb/bitstude.tdlics:			
	Title and full name of First Applicant (1) - Please delete as applicable	Date of birth (1)	
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C Calculate your monthly premium using the formula (A x B ÷ 100)			
	C Calculate your monthly premium using the formula (A x B ÷ 100)	£	

Declaration of insurance

INSURANCE DECLARATION: I/We am/are applying to you for insurance under your normal terms and conditions. I/We confirm that as far as I/we know, all the statements made in connection with this proposal are true and complete whether or not in my/our own handwriting and I/we have not concealed any important fact. I/We have received a copy of the policy information brochure and I/we will keep a record of all information I/we give under this proposal. I/We agree to inform you in writing of any change of circumstances affecting the statements I/we have made in this proposal, which occur between the date of this application and the date the policy commences.

I/We have read and understood my/our statutory rights under the Access to Medical Reports Act 1988 (in Northern Ireland the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991) as explained in the policy information brochure. You (or your agents) may seek medical information from any doctor who at any time has attended me/us concerning anything which affects my/our physical or mental health or seeking information from any insurance office to which an application has been made for personal insurance and I/we authorise the giving of such information in perpetuity. I/We understand that if access is not allowed to my/our medical records either during my/our lifetime or after my/our death that you (or your agents) cannot be held liable for any delay or non payment of any claim.

DATA PROTECTION DECLARATION: you may process the information in my/our proposal for the purposes of this insurance and release it to other people for insurance purposes. You may pass this information to other financial organisations but only for the purpose of this insurance.

Full name of Applicant (1) in block capitals Signature of Applicant (1)	of Applicant (1) Date	
Applicant (1) - I wish to see a copy of any medical report before it is sent to	Paymentshield Limited - please tick appropriate box Yes No	
Full name of Applicant (2) in block capitals Signature of Applicant (2) in block capitals	of Applicant (2) Date	
Applicant (2) - I wish to see a copy of any medical report before it is sent to Paymentshield Limited - please tick appropriate box		
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Instruction to your bank or building society to pay by	direct debit DIRECT	
Name(s) of account holder(s)	Originators identification number Reference number (office use only) 7 5 7 6 9	
Bank or building society account number Branch sort code Image: Image: Image: Bank or building society Image: Bank or building society	Instruction to your bank or building society Please pay Paymentshield direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee. I understand that this instruction may remain with Paymentshield and, if so, details will be passed electronically to my bank/building society. Signature (1) Signature (2)	
Postcode	Date	
Payment date I wish to pay monthly on - (Please tick preferred date)	Banks or building societies may not accept direct debit instructions on some types of accounts 14th 21st 24th or just after this date.	
The direct debit guarantee		
 This guarantee is offered by all banks and building societies that take part in the direct debit scheme. The efficiency and security of the scheme is monitored and protected by your own bank or building society. If the amounts to be paid or the payment dates change, Paymentshield Ltd will notify you five working days in advance of your account being debited or as otherwise agreed. If an error is made by Paymentshield Ltd or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid. You can cancel a direct debit at any time by writing to your bank or building society. Please also send a copy of your letter to us. 		
Agency details and policy reference number		
Policy reference number	Agency number	

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