

## **Mortgages: Debt Consolidation Form**

Names of all parties to the credit facility	Credit provider	Type of Credit	Last 4 digits account number	Balance Outstanding	Monthly Payment	Amount to be repaid	Account to be closed
				£	£	£	
				£	£	£	
				£	£	£	
				£	£	£	
				£	£	£	
				£	£	£	
				£	£	£	
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				£	£	£	
				£	£	£	
				£	£	£	
				£	£	£	
				£	£	£	
				£	£	£	

It is important that you complete all sections of this form with accurate information

If there are more credit facilities that you cannot fit in the above sections, please complete an additional debt consolidation form

Please upload the completed debt consolidation form through the portal.

Please provide a statement/redemption statement dated within the last 30 days for all credit being consolidated that clearly shows the credit provider, Account Number and Current Balance being consolidated.

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