Declaration to Insure

To be completed by all borrowers in full. Failure to complete and return this form correctly <u>will delay completion</u>. Please note that the ORIGINAL is required – a fax is not sufficient.

Full Names of borrower(s)		
Address of mortgaged property		
Correspondence address (if different)		
I/we agree that it is my/our responsibility to above throughout the duration of the mortg	o maintain buildings insurance cover on the w gage.	hole of the mortgaged property specified
I/we confirm that such cover will, at all time	es, conform to the requirements stated in the	Society's letter of offer.
entire duration of the mortgage or for the p	nterest of the Society as mortgagee, if possib policy to be taken out in joint names with the ore completion either with the Society's intere	Society, and forward a copy of the current
I/we understand that no mortgage advance	will be released until this form has been com	ppleted in full and accepted by the Society.
I/we agree that if I/we wish to change insurers then I/we will, within 14 days of expiry of the old policy, arrange to forward a copy of the new insurance schedule to the Society either with the Society's interest noted as mortgagee or in joint names with the Society.		
I/we understand that the Society is not in a with it.	position to offer advice regarding my/our pol	licy or to accept any liability in connection
I/we hereby authorise the Society to approa	ach my/our insurer/agent/broker for any info	rmation in relation to my/our policy.
I/we understand and confirm that if for any reason the Society believes there is insufficient insurance cover in force, or receives notice that the existing policy is about to lapse, then the Society may affect buildings insurance cover on my/our behalf and debit the full amount of the premium(s) to my/our mortgage account.		
Signature of all borrowers		
Signed	Full Name	Date
Signed	. Full Name	. Date