

Certificate of Title

Mortgage Department

Head Office PO Box 547 Ipswich IP3 9WZ
Telephone 0330 123 1073
Email: lendingsservicescompletions@ibs.co.uk
Web: www.ibs.co.uk



Mortgage account number

Please submit at least 7 days (14 days where a property re-inspection is required) before the expected completion date. By ticking the 'funds required 1 day before completion' box, we will assume that you have made the applicant(s) aware of the additional interest charged.

Borrowers name(s)

Security address

Land registry office Title number(s) - all title numbers included in total Land purchased

Amount of advance £ Amount of retention £

Price stated in transfer

Completion date Funds required 1 day before completion

Conveyancer's name

Address

Conveyancer's reference

Bank name Account name

Bank address

Account number Sort code - -

"WE THE CONVEYANCERS NAMED ABOVE, give the Certificate of Title referred to in IB (3.7) of the SRA Code of Conduct 2011, published by the Law Society, as if the same were set out in full, subject to the limitations contained in it."

Signed on behalf of the conveyancers:

Name of authorised signatory

Qualification of authorised signatory Date of signature

If completion is delayed, please notify the Society where possible before 10.00am on the proposed date of completion

FOR OFFICE USE ONLY

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|---|----------------------------|---------------------------------------|
| Completion signed off by:- <input type="text"/> | | |
| CHAPS processing authority: | | |
| Input: <input type="text"/> | Date: <input type="text"/> | Solicitors code: <input type="text"/> |
| Verified: <input type="text"/> | Date: <input type="text"/> | |
| Released: <input type="text"/> | Date: <input type="text"/> | |