

DEEDS SCHEDULE

Mortgage Account Number:	Date of Mortgage:	Title Number:
Property Address (as in the Mortgage):		
Postcode		
Borrower: (Full Name(s))		

It is important that ALL documents are enclosed and the following checklist should be completed by ticking the appropriate boxes.

Please complete the Schedule in full, return the original and retain one copy for your file.

Please send to Platform, PO Box 237 Plymouth PL1 1WG or DX 133791 Plymouth 13.

Charge Certificate / Standard Security	<input type="checkbox"/>	Buildings insurance policy <i>(copy - if appropriate)</i> <i>(Platform Funding Limited's interest endorsed)</i>	<input type="checkbox"/>
Land Certificate / Disposition	<input type="checkbox"/>	Matrimonial Homes Affidavit / Renunciation / Consent	<input type="checkbox"/>
Search	<input type="checkbox"/>	New Home Warranty Certificates <i>(if appropriate)</i>	<input type="checkbox"/>
		Alienation/Preference Indemnity Policy <i>(if appropriate)</i>	<input type="checkbox"/>
		Other Indemnity Policy <i>(if appropriate)</i>	<input type="checkbox"/>

Other Documents *(specify)*

THE SCHEDULE OF DEEDS AND DOCUMENTS

Date	The Document	The Parties

This Schedule was completed in duplicate by *(Name of Practice)* _____

of *(Address of Practice)* _____

on *(Date Schedule Completed)* _____