



Enquiry date _____

Consultant name _____

Explained about credit search

| | |
|--|---|
| First applicant's details | |
| Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |
| Forename(s) | <input type="text"/> |
| Surname | <input type="text"/> |
| Maiden Name | <input type="text"/> |
| Date of Birth | <input type="text"/> |
| Marital Status | <input type="text"/> |
| No. of dependents | <input type="text"/> |
| Current address (including postcode) | |
| <input type="text"/> | |
| Postcode | |
| <input type="text"/> | |
| Time at address | Years <input type="text"/> Months <input type="text"/> |
| Home telephone number including STD code | |
| <input type="text"/> | |
| Residential status | |
| <input type="checkbox"/> Home Owner | <input type="checkbox"/> Private Tenant |
| <input type="checkbox"/> Council Tenant | <input type="checkbox"/> Living with Relatives |
| <input type="checkbox"/> Corporate Tenant | <input type="checkbox"/> Other _____ |
| If less than 3 years at address please give previous address | |
| <input type="text"/> | |
| Postcode | |
| <input type="text"/> | |
| Time at address | Years <input type="text"/> Months <input type="text"/> |
| Residential status here..... If time at both addresses is less than 3 years, please supply previous addresses up to 3 years on a seperate sheet | |
| Employed/Self Employed | <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed |
| Occupation | <input type="text"/> |
| Employer/Trading name | <input type="text"/> |
| Time in Current Job | <input type="text"/> |
| Basic Salary | £ <input type="text"/> |
| Overtime/Bonus/Commission | £ <input type="text"/> |
| Guaranteed/Regular | £ <input type="text"/> |
| Any Other Income | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| From what Source | <input type="text"/> |
| Net Profit for Last 3 Years | £ <input type="text"/> £ <input type="text"/> £ <input type="text"/> |
| Qualified Accountant | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do You Require Self-Cert | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|--|---|
| Second applicant's details | |
| Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |
| Forename(s) | <input type="text"/> |
| Surname | <input type="text"/> |
| Maiden Name | <input type="text"/> |
| Date of Birth | <input type="text"/> |
| Marital Status | <input type="text"/> |
| No. of dependents | <input type="text"/> |
| Current address (including postcode) | |
| <input type="text"/> | |
| Postcode | |
| <input type="text"/> | |
| Time at address | Years <input type="text"/> Months <input type="text"/> |
| Home telephone number including STD code | |
| <input type="text"/> | |
| Residential status | |
| <input type="checkbox"/> Home Owner | <input type="checkbox"/> Private Tenant |
| <input type="checkbox"/> Council Tenant | <input type="checkbox"/> Living with Relatives |
| <input type="checkbox"/> Corporate Tenant | <input type="checkbox"/> Other _____ |
| If less than 3 years at address please give previous address | |
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| Postcode | |
| <input type="text"/> | |
| Time at address | Years <input type="text"/> Months <input type="text"/> |
| Residential status here..... If time at both addresses is less than 3 years, please supply previous addresses up to 3 years on a seperate sheet | |
| Employed/Self Employed | <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed |
| Occupation | <input type="text"/> |
| Employer/Trading name | <input type="text"/> |
| Time in Current Job | <input type="text"/> |
| Basic Salary | £ <input type="text"/> |
| Overtime/Bonus/Commission | £ <input type="text"/> |
| Guaranteed/Regular | £ <input type="text"/> |
| Any Other Income | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| From what Source | <input type="text"/> |
| Net Profit for Last 3 Years | £ <input type="text"/> £ <input type="text"/> £ <input type="text"/> |
| Qualified Accountant | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do You Require Self-Cert | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | FIRST APPLICANT DETAILS | SECOND APPLICANT DETAILS |
|--|--|--|
| Name of Bank | | |
| Sort Code | / / | / / |
| Time with Bank | Years | Years |
| Cheque Guarantee Card | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| No. of Credit Cards | | |
| Current Lender | | |
| Have you received Housing Benefit in the last 12 months | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes state when | | |
| Have you incurred Mortgage or Rent arrears in the last 12 months | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes state when | | |
| And how many missed payments | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> More <input type="checkbox"/> (Months) | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> More <input type="checkbox"/> (Months) |
| Any CCJ's/Defaults in last 3 years | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Ever been declared Bankrupt | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes, Date registered/Discharged | | |
| Previously repossessed? if yes when | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

OTHER BORROWINGS/CURRENT COMMITMENTS

| Company | Balance O/S | Monthly Payment | To continue | Expiry date | Whose loan? |
|---------|-------------|-----------------|--|-------------|--|
| | £ | £ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint <input type="checkbox"/> |
| | £ | £ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint <input type="checkbox"/> |
| | £ | £ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint <input type="checkbox"/> |
| | £ | £ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint <input type="checkbox"/> |
| | £ | £ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint <input type="checkbox"/> |

NEW LOAN DETAILS

Purchase Remortgage F.T.B. R.T.B. B.T.L. Other _____
 Loan amount £ Purchase Price/Valuation £ LTV % Purpose of any additional borrowing?
 Source of deposit Term years Repayment Method _____

PROPERTY DETAILS

House Bungalow Flat Maisonette Other Ex-Local Authority
 Freehold Leasehold Years remaining on lease Standard construction Yes No if no, type _____

Buy to let details

ADDITIONAL INFORMATION

Purchase Property details

Existing buy to let properties details

| property no | lender | amount owed | mortgage p/m | repayment ? | rent per month |
|-------------|--------|-------------|--------------|-------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |

More properties please provide information on separate sheet. thank you

Address

Bedrooms house type rent p/m

I confirm that I have been made aware of the information given in the mortgage application will be given to a Credit Reference Agency which will keep a record of the search, and that the information may be used by other lenders in assessing applications from the applicant(s) or other members of the applicants household and for debt recovery, tracing and fraud prevention. I have also been explained as the applicants(s) that you will: 1) take up such references as you consider necessary to verify the information 2) release information relating to this application form to parties that is considered necessary.

| Applicant1 signature and date | Applicant 2 signature and date | Consultant signature and date |
|-------------------------------|--------------------------------|-------------------------------|
| | | |