

**Intermediary Details**

Firm name and address	<input type="text"/>	Contact Name	<input type="text"/>
		Phone *	<input type="text"/>
		Email:	<input type="text"/>
FCA number	<input type="text"/>	Broker Code:	<input type="text"/>
Network	<input type="text"/>	Broker Fee:	<input type="text"/>

**Loan Required**

**Purchase**

**Remortgage**

Purchase Price	<input type="text"/>	Estimated Property value	<input type="text"/>	
Loan Required	<input type="text"/>	1st Mortgage outstanding	<input type="text"/>	
LTV	<input type="text"/>	2nd Mortgage outstanding	<input type="text"/>	
Term required (yrs)	<input type="text"/>	Cash £'s to customer	<input type="text"/>	
		Total loan required	<input type="text"/>	
Mortgage type required	<input type="checkbox"/> Capital Repayment	<input type="checkbox"/> Fixed	LTV	<input type="text"/>
	<input type="checkbox"/> Interest Only	<input type="checkbox"/> Variable	Purpose of Loan	<input type="text"/>
If interest only - Proposed repayment vehicle	<input type="text"/>		Regulated / Unregulated	<input type="text"/>
Is the applicant a first time buyer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Term required (Yrs)	<input type="text"/>
			Existing Mortgage interest rate	<input type="text"/>
			Missed payments in last 12 months	<input type="text"/>
If "Right to buy"	Council Valuation	<input type="text"/>	Discounted purchase price	<input type="text"/>
If shared ownership	Amount Being Purchased	% <input type="text"/> £ <input type="text"/>	Amount currently owned	% <input type="text"/> £ <input type="text"/>

**Help us to help you**

Please state the factors that make this a "Complex" deal and what difficulties you encountered in placing it.

Can you provide us with:

A credit report proving you hold authority in accordance with DPA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Applicant Details**

**Applicant 1**

Full Name

Maiden Name

Mobile \*

E-Mail

Landline

Age

DOB

Planned retirement age

Dependents under the age of 18 How many  Ages

Dependents over the age of 18 How many  Ages

Employment status  Employed  Self-Employed

If other please state:

Proof of income available  Yes  No

Provide details

NI Number

Current Job Title  Start Date

3 Year Job History

Job Title	<input type="text"/>	Start Date	<input type="text"/>	End Date	<input type="text"/>
Job Title	<input type="text"/>	Start Date	<input type="text"/>	End Date	<input type="text"/>
Job Title	<input type="text"/>	Start Date	<input type="text"/>	End Date	<input type="text"/>

Employment Income Gross Annual

Net Monthly

Other Income Gross Annual

Net Monthly

Source

**Applicant 2**

Full Name

Maiden Name

Mobile \*

E-Mail

Landline

Age

DOB

Planned retirement age

Dependents under the age of 18 How many  Ages

Dependents over the age of 18 How many  Ages

Employment status  Employed  Self-Employed

If other please state:

Proof of income available  Yes  No

Provide details

NI Number

Current Job Title  Start Date

3 Year Job History

Job Title	<input type="text"/>	Start Date	<input type="text"/>	End Date	<input type="text"/>
Job Title	<input type="text"/>	Start Date	<input type="text"/>	End Date	<input type="text"/>
Job Title	<input type="text"/>	Start Date	<input type="text"/>	End Date	<input type="text"/>

Employment Income Gross Annual

Net Monthly

Other Income Gross Annual

Net Monthly

Source

**Applicant 1**

**Applicant 2**

Current residential status

Current residential status

Have you had any of these adverse credit in the last 3 years

CCJs/Defaults    Mortgage Arrears    Discharged bankruptcy

Undischarged Bankruptcy    In an IVA    In a Debt management plan

Have you had any of these adverse credit in the last 3 years

CCJs/Defaults    Mortgage Arrears    Discharged bankruptcy

Undischarged Bankruptcy    In an IVA    In a Debt management plan

**Existing Credit**

**If yes please provide details in additional notes section**  
Applicant 1 or 2

Lender	Type	Balance outstanding	Monthly payment	To be settled on completion of this mortgage

**Security Address**

**Security Address**

Address 1

Town / City

County

Post Code

Is the property standard construction    Yes    No

If no please provide additional details

**Security Address Description Detail**

Detached    Semi-Detached    Bungalow    Freehold

Terraced    Maisonette    Flat    Leasehold

If flat how many floors in block

If leasehold years remaining

Date Purchased

Ex L/A?

**Home Address**

**Applicant 1**

**Applicant 2**

**Residential Address 1**

**Residential Address 2**

Address 1

Town / City

County

Postcode

Move in Date

Time In Property

Move out Date

Address 1

Town / City

County

Postcode

Move in Date

Time In Property

Move out Date

**Intermediary declaration and agreement**

I accept the terms and conditions applicable to this transaction as detailed here and give you permission for the credit searches to be carried out if necessary

Signature

Date

**Additional Info**

Use this space to add any additional adverse information

Lender	Type	Balance outstanding	Monthly payment	To be settled on completion of this mortgage

If you wish to add anything else please complete the additional Info page.

If you wish to add anymore information then please complete the additional info page

Additional Info (cont)

