

**Intermediary Details**

Firm name and address

FCA number

Network

Contact Name

Phone \*

Email:

Broker Code:

Broker Fee:

**If Ltd company please fill in below**

**Limited Company/Partnership**

Name of Business

Reg No

Trading Address

Nature of Business

Date of Incorporation

**Net profit details for the last three years**

Year  £

Year  £

Year  £

Accounts Available  Yes  No

**Directors, Shareholders and Partners**

Name

Address

Status  Age  Shareholding

Name

Address

Status  Age  Shareholding

**If Ltd company please fill in below**

**Purchase**

Is applicant a first time buyer  Yes  No

Purchase Price

Loan Required

LTV

Regulated / Unregulated

Term required (yrs)

Mortgage type required  Capital Repayment  Fixed  Interest Only  Variable

If interest only- Proposed repayment vehicle

**Remortgage**

Estimated Property value

1st Mortgage outstanding

2nd Mortgage outstanding

Cash £'s to customer

Total loan required

LTV

Purpose of Loan

Regulated / Unregulated

Term required (Yrs)

Existing Mortgage Interest Rate

Missed payments in last 12 months

**Please provide any property portfolio details in additional info section**

**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  Yes  No

Proof of Income  Yes  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"/>

**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"/>

**Applicant 1**

Employment Income Gross Annual   
 Net Monthly

Other Income Gross Annual   
 Net Monthly   
 Source

**Applicant 2**

Employment Income Gross Annual   
 Net Monthly

Other Income Gross Annual   
 Net Monthly   
 Source

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

Postcode

Is the property an HMO?  Yes  No

If yes, is there a licence?  Yes  No

Is there an AST in place?  Yes  No

If yes, what is the term?

Has the applicant or a family member lived in the property?  Yes  No

Will the property be occupied by a family member?  Yes  No

Detached  Semi-Detached  Bungalow  Freehold

Terraced  Maisonette  Flat  Leasehold

**Security Address Description Detail**

If flat how many floors in block

Ex L/A?

Date Purchased

If leasehold years remaining

Monthly Gross Rental Income

Projected  Actual

**Home Address**

**Please provide three years address history**

**Applicant 1**

**Applicant 2**

**Residential Address 1**

**Residential Address 2**

Address 1

Town / City

County

Postcode

Time In Property Move in Date

Move out Date

Address 1

Town / City

County

Postcode

Time In Property Move in Date

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

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

**Adverse Credit**

Use this space to add any additional adverse information

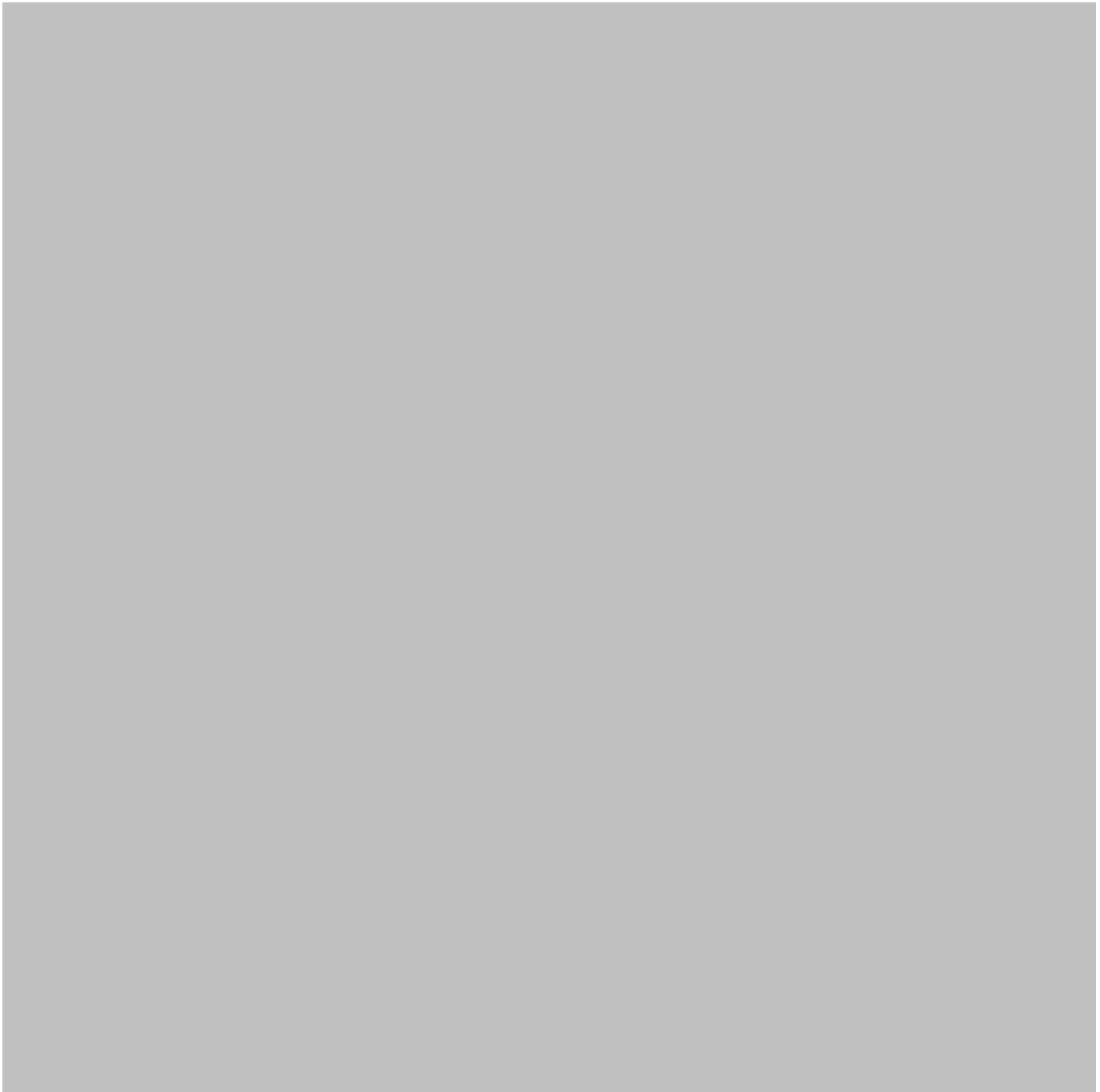
App 1/2	Type	Date Registered	Amount £	Satisfied	Reason

**Property Portfolio**

Property Address	Value £	Mortgage Balance outstanding	Monthly mortgage payment	Gross monthly rental income

Additional Information (cont)

If you wish to add anymore information then please add it below



We won't contact without permission - Number is needed to set up case tracking if required