

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

Purchase Price	<input type="text"/>
Loan Required	<input type="text"/>
LTV	<input type="text"/>
Term required (yrs)	<input type="text"/>
Mortgage type required	<input type="checkbox"/> Capital Repayment <input type="checkbox"/> Fixed <input type="checkbox"/> Interest Only <input type="checkbox"/> Variable
If interest only - Proposed repayment vehicle	<input type="text"/>
Is the applicant a first time buyer	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remortgage

Estimated Property value	<input type="text"/>
1st Mortgage outstanding	<input type="text"/>
2nd Mortgage outstanding	<input type="text"/>
Cash £'s to customer	<input type="text"/>
Total loan required	<input type="text"/>
LTV	<input type="text"/>
Purpose of Loan	<input type="text"/>
Regulated / Unregulated	<input type="text"/>
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

Required to send access code for customer portal - when applicable

Required to send Privacy Policy

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)

