

**DISCUSSION AREAS**

Meeting Objectives

**PERSONAL DETAILS**

**FIRST APPLICANT**

**JOINT APPLICANT**

Surname Mr/Mrs/Miss/Ms/Other

Previous / Maiden name

Forename(s)

Gender

Male  Female

Male  Female

Current address

Postcode

Postcode

Telephone numbers

Home

Home

Work

Work

Mobile

Mobile

Email

Date of Birth

National Insurance Number

Smoker?

Yes  No

Yes  No

Marital status / Relationship between applicants

Nationality

Main country of residence

Resident in the UK for more than 2 years?

Yes  No

Yes  No

Right to work & reside in the UK permanently?

Yes  No

Yes  No

If 'NO' remember to include details in 'Additional Info' section

**DEPENDENTS**

Name

D.O.B.

Dependent on (applicant 1, 2 or both)

Dependent until age

**CURRENT HOME**

Homeowner/Tenant/Other?

Time at current address

\_\_\_\_\_ years \_\_\_\_\_ months

\_\_\_\_\_ years \_\_\_\_\_ months

Are you on electoral role at this address?

Yes  No

Yes  No

Do you already have a mortgage?

Yes  No

Yes  No

Do you own any other property?

Yes  No

Yes  No

Previous address(es) - state period of residence at each address

(Only need to complete if clients have lived in current address less than 3 years)

Homeowner/Tenant/Other?

**EMPLOYMENT AND INCOME**

Employment Status	<input type="checkbox"/> Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Employed	<input type="checkbox"/> Retired
	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Other	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Other
Occupation	<input type="text"/>		<input type="text"/>	
Employer	<input type="text"/>		<input type="text"/>	
Start date	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Are you currently in a probationary period?	<input type="text"/> Yes / No		<input type="text"/> Yes / No	
If 'YES', state time left	<input type="text"/> months		<input type="text"/> months	
Permanent or contract?	<input type="text"/>		<input type="text"/>	
Previous occupation details <small>(3yrs period required)</small>	<input type="text"/>		<input type="text"/>	
Gross annual income	£ <input type="text"/> pa		£ <input type="text"/> pa	
Basic salary	£ <input type="text"/> pa		£ <input type="text"/> pa	
Guaranteed overtime	£ <input type="text"/> pa		£ <input type="text"/> pa	
Guaranteed bonus/commission	£ <input type="text"/> pa		£ <input type="text"/> pa	
Regular overtime	£ <input type="text"/> pa		£ <input type="text"/> pa	
Regular bonus/commission	£ <input type="text"/> pa		£ <input type="text"/> pa	
Other guaranteed income	£ <input type="text"/> pa		£ <input type="text"/> pa	
Source	<input type="text"/>		<input type="text"/>	
Other non-guaranteed income	£ <input type="text"/> pa		£ <input type="text"/> pa	
Source	<input type="text"/>		<input type="text"/>	
Any other employment positions? <small>(If yes complete the additional info section)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anticipated retirement age	<input type="text"/>		<input type="text"/>	
Guaranteed net monthly income	£ <input type="text"/>		£ <input type="text"/>	
Average net monthly income	£ <input type="text"/>		£ <input type="text"/>	
Do you expect any changes to these circumstances over the next 12 months - if 'YES' give details	<input type="text"/> Yes / No		<input type="text"/> Yes / No	
Is there likely to be any other source of income available in the future if needed - if 'YES' give details	<input type="text"/> Yes / No		<input type="text"/> Yes / No	

**Notes**

## SELF-EMPLOYED DETAILS

Occupation	<input type="text"/>	<input type="text"/>
Start date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Gross annual income	£ <input type="text"/> pa	£ <input type="text"/> pa
Number of years accounts available	<input type="text"/> years	<input type="text"/> years
Self Certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Net profit last year	£ <input type="text"/> pa	£ <input type="text"/> pa
Net profit previous year	£ <input type="text"/> pa	£ <input type="text"/> pa
Net profit year before that	£ <input type="text"/> pa	£ <input type="text"/> pa
Ltd Company/Partnership/Sole Trader	<input type="text"/>	<input type="text"/>
Any other employment positions? <small>(If yes complete the <b>additional info</b> section)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect any changes to these circumstances over the next 12 months - if 'YES' give details	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>
Is there likely to be any other source of income available in the future if needed - if 'YES' give details	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>

## LIABILITIES

### Any credit agreements, and second/subsequent charges on the property

Lenders Name	Balance Now	Monthly Payment	Loan Date	End Date	Secured	To be repaid from advance	Person 1, 2 or joint
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text" value="Yes/No"/>	<input type="text" value="Yes / No"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text" value="Yes/No"/>	<input type="text" value="Yes / No"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text" value="Yes/No"/>	<input type="text" value="Yes / No"/>	<input type="text"/>

Remember to keep a note of the interest rates and if there is a penalty for repaying now.  
If any of the above accounts are in arrears please provide full details in 'Additional Info Section'

### Any credit cards or store cards:

Company Name	Outstanding Amount	Interest Rate	Balance Cleared Each Month?	Credit Limit	Payment Cover?	To be repaid from advance	Person 1, 2 or joint
<input type="text"/>	<input type="text"/>	<input type="text" value=" %"/>	<input type="text" value="Yes/No"/>	<input type="text"/>	<input type="text" value="Yes/No"/>	<input type="text" value="Yes / No"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value=" %"/>	<input type="text" value="Yes/No"/>	<input type="text"/>	<input type="text" value="Yes/No"/>	<input type="text" value="Yes / No"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value=" %"/>	<input type="text" value="Yes/No"/>	<input type="text"/>	<input type="text" value="Yes/No"/>	<input type="text" value="Yes / No"/>	<input type="text"/>

If the balance is not cleared each month, what are the monthly payments? (£ or %)  %

### Notes

Remember to collect bank & overdraft details if you are likely to need a Decision In Principle.

**CURRENT MORTGAGES**

Residential or Buy To Let?	<input type="checkbox"/> Residential <input type="checkbox"/> Buy To Let	<input type="checkbox"/> Residential <input type="checkbox"/> Buy To Let
Current rent or mortgage payments	£ <input type="text"/>	£ <input type="text"/>
Current mortgage outstanding	£ <input type="text"/>	£ <input type="text"/>
Commencement date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of current lender	<input type="text"/>	<input type="text"/>
Mortgage type (Repayment/ Int.Only/ Split)	<input type="text"/>	<input type="text"/>
Original mortgage term	<input type="text"/> Years	<input type="text"/> Years
Early repayment charges on existing mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'YES' please give penalty details	<input type="text"/>	<input type="text"/>
and confirm if you are prepared to pay them	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current property value	£ <input type="text"/>	£ <input type="text"/>
Is the property being sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many months ago discharged?	<input type="text"/>	<input type="text"/>
Ever had an IVA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the payments being met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever had any CCJ's?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number	<input type="text"/>	<input type="text"/>
Total value	<input type="text"/>	<input type="text"/>
Satisfied / Unsatisfied?	<input type="text"/>	<input type="text"/>
Months	<input type="text"/>	<input type="text"/>
Ever had any defaults?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number	<input type="text"/>	<input type="text"/>
Total value	<input type="text"/>	<input type="text"/>
Satisfied / Unsatisfied?	<input type="text"/>	<input type="text"/>
Months	<input type="text"/>	<input type="text"/>
Ever been refused a mortgage or credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever had mortgage/loan arrears > 1 month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number	<input type="text"/>	<input type="text"/>
Total value	<input type="text"/>	<input type="text"/>
Satisfied / Unsatisfied?	<input type="text"/>	<input type="text"/>
Months	<input type="text"/>	<input type="text"/>
Ever had any repossessions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Settled how many months ago?	<input type="text"/> months	<input type="text"/> months

**Notes**

**PROVISIONS / OTHER POLICIES**

Name of company	Type of policy	Premium	Applicant 1, 2 or joint	Amount of cover	Maturity / Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are existing provisions/other policies, please complete 'Additional Info' (e.g. waiver? options? deferred period? etc)

Have you cancelled any policies that were committed to repaying any part of your mortgage?

If YES, please complete 'Additional Info' making sure you note what type of policy and the reason for cancellation.

**EXPENDITURE**

**HOUSING COSTS**

Rent or mortgage

Council tax

Utilities (gas, electricity, water, phone)

Insurances (contents, property, etc)

**FINANCING COSTS**

Credit cards

Loans / overdrafts

**FAMILY COSTS**

Child care

Maintenance / child support

Food & clothing

School fees

Insurance policies

Motoring

**ENTERTAINMENT**

Holidays

Hobbies

Cigarettes / alcohol

**OTHER**

Summarise all other expenses

**TOTAL**

Guaranteed NET monthly income

Current outgoings (see above 'TOTAL')

**TOTAL OF AVAILABLE FUNDS**

Budget available to meet clients needs   
(not including current rent/mortgage)

Anticipated cost change for new commitments  by £  per month

**AIMS & VIEWS**

	If 'YES' please indicate Applicant 1, 2, both or joint		If 'YES' please indicate Applicant 1, 2, both or joint
Redundancy cover	<input type="text" value="Yes/No"/>	Income replacement	<input type="text" value="Yes/No"/>
Long term sickness cover	<input type="text" value="Yes/No"/>	Buildings Insurance	<input type="text" value="Yes/No"/>
Critical Illness cover	<input type="text" value="Yes/No"/>	Contents Insurance	<input type="text" value="Yes/No"/>
Life cover	<input type="text" value="Yes/No"/>	Cover for personal possessions	<input type="text" value="Yes/No"/>
Would you like to pay an increased excess in return for lower premiums			<input type="text" value="Yes/No"/>

If client answers 'NO' please make note of reasons why in 'Additional Info'



**PREFERENCES**

**Which of the following are important to you?**

Client reason	Avoiding the uncertainty of interest rate changes	Yes/No
Client reason	Fixing mortgage payments for a certain period	Yes/No
Client reason	Paying upper limit on mortgage payments in the early years	Yes/No
Client reason	Minimising payments in the first few years in the form of tracker, discount or stepped rate	Yes/No
Client reason	Preferred term of initial scheme <input type="text"/>	Yes/No
Client reason	Able to vary monthly payments or pay lump sums off mortgage without penalty	Yes/No
Client reason	No tie-in during a fixed, discounted or capped rate	Yes/No
Client reason	No tie-in after a fixed, discounted or capped rate	Yes/No
Client reason	Access to an initial cash sum (known as Cash Back)	Yes/No
Client reason	Speed of completion	Yes/No
Client reason	Low or no initial fees	Yes/No
Client reason	Ability to add fees to the loan	Yes/No
Client reason	Any plans to pay off some or all of the mortgage in the foreseeable future	Yes/No
Client reason	Intention to move home in the foreseeable future (if 'YES', provide timescales)	Yes/No
Client reason	To limit or have no high percentage lending fee	Yes/No
Client reason	Flexibility of an offset or current account mortgage	Yes/No
Client reason	Plans to raise further capital in the future (if 'YES', provide estimated amount & timescale)	Yes/No
Client reason	Flexibility to choose associated insurances (compulsory lenders scheme then excluded)	Yes/No
Client reason	Ability for interest to be calculated daily	Yes/No

**Please indicate any further aspects that are important to you:**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Preference to a particular lender              | <input type="checkbox"/> Borrow back |
| <input type="checkbox"/> Unsecured borrowings                           | <input type="checkbox"/> Credit card |
| <input type="checkbox"/> Additional borrowings without further approval | <input type="checkbox"/> Other       |

**PROTECTION**

Applicant 1, 2, both or joint

Who requires cover?

Policy type? (Life, CIC, PHI, FIB etc)

Amount of cover required

For how long?

 years**ASU****FIRST APPLICANT****JOINT APPLICANT**

Monthly benefit

£ £ 

Accident

 Yes / No Yes / No

Sickness

 Yes / No Yes / No

Unemployment

 Yes / No Yes / No

Deferred period

 days days

Benefit from day

 1 / 30 / 60 1 / 30 / 60

Preferred premium basis

 monthly / single monthly / single**HOME INSURANCE**

Does the area have a history of subsidence or flooding?

 Yes/No

Does the property show signs of subsidence or flooding?

 Yes/NoHave you or anyone else in your home had or have pending any criminal conviction in the past 5 years?  
(other than minor convictions) Yes/No**Buildings details:**

Estimated rebuild cost

£ 

Include accidental damage

 Yes/No

Voluntary excess required

£ 

Any part of property to be used for business

 Yes/No

Have there been any modifications

 Yes/No

How long have you held a policy for

 years

Have you had any claims in the last 5 years

 Yes/No

Is the house in a good state of repair

 Yes/No

Will the property be unoccupied for more

than 30 days a year

 Yes/No

Have you or anyone in your home been refused

buildings insurance

 Yes/No**Contents details:**

Value of contents to be insured

£ 

Include accidental damage

 Yes/No

Voluntary excess required

£ 

Any high risk items to be insured separately

 Yes/No

Are smoke detectors fitted

 Yes/No

Any items to be covered for use outside the home

 Yes/No

Is there an alarm fitted

 Yes/No

Are all door locks fitted to British standards

 Yes/No

How long have you held a policy for

 years

Have you had any claims in the last 5 years

 Yes/No

Do you have any other material facts to

disclose which may affect your insurance

 Yes/No

Please ensure to include further notes in 'Additional Info' where necessary

**Notes**

**DECLARATIONS**

Would you like me to contact you in the future regarding your insurance needs?

Would you like me to contact you in the future regarding your mortgage needs?

**Please note that clients are not required to sign this section. The signature is optional.**

I/We have been given the Initial Disclosure Document and a copy of the Client Review.

I/We confirm that the information I/we have provided is accurate and understand that no verification of this has been undertaken.

Client 1 signature: ..... Date: .....

Client 2 signature: ..... Date: .....

**BANK DETAILS**

Name of account

Sort code

Account number

Name of bank

Address of bank

How long has the account been held?

**CREDIT CARD DETAILS**

Type of card

Name of account

Card number

Start date

Expiry date

Security code

