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MORTGAGE AGREEMENT IN PRINCIPLE

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Name of lender :	or Enquiry to be placed Yes □
Broker Name	Telephone number
Please indicate your FSA Permissions Advised Non Adv	ised 🗌 Standard 🗌 Lifetime 🗌
Level of service for this application Advised Non Advised	vised
Are you charging your client a fee? No 🗌 Yes 🗌 Amount?	2
What component of the fee is refundable refundable? % or £	2
When is the fee due? Application Completion Car	
Is any commission you receive being passed back to the applic	ant(s)? No □ Yes □ Amount £
NEW LOAN & PROPE Purchase Remortgage Prime Adverse Image: Colspan="2">Adverse Rate Product (Colspan="2">Product (Colspan="2") Loan amount £ Purchase Price/Valuation £ Product (Colspan="2")	RTB BTL Self Cert Other
Source of deposit Term years	
Interest Only Repayment House	
Ex-Local Authority Yes No Shared ownership yes No	Freehold 🗆 Leasehold 🗆
Years remaining on leaseStandard construction Yes No	(if no, type) No of storeys
FIRST APPLICANTS DETAILS	SECOND APPLICANTS DETAILS
Title Mr 🗆 Mrs 🗆 Miss 🗆 Ms 🗆 Other 🗆	Title Mr 🗆 Mrs 🗆 Miss 🗆 Ms 🖾 Other 🗆
Forename(s)	Forename(s)
Surname	Surname
Any other name (eg. Maiden)	Any other name (eg. Maiden)
Date of name change	Date of name change
Nationality	Nationality
Date of Birth	Date of Birth
Marital Status	Marital Status
No. Of dependents	No. of dependents
Current address (inc postcode)	Current address (inc postcode)
Time at address Years Months	Time at address YearsMonths
Home telephone number	Home telephone number
Work telephone number	Work telephone number
Owner Private Tenant Council Tenant	Owner Private Tenant Council Tenant
With Relatives FTB	With Relatives FTB

IF LESS THAN 3 YRS AT CURRENT ADDRESS PLEASE PROVIDE FULL 3 YRS HISTORY IN ADDITIONAL INFORMATION

Employed/Self Employed	Employe	d Se	If Employed	Employed/Self Employed	Employed/ Self Employed		
Occupation				Occupation			
Employer/Trading name				Employer/Trading name			
Time in Current Job				Time in Current Job			
Basic Salary	£			Basic Salary	£		
Overtime/Bonus/ Commission	£			Overtime/Bonus/ Commission	£		
Guaranteed/Regular	£			Guaranteed/Regular	£		
Any Other Income	Yes	No		Any Other Income	Yes	No	
From what Source				From what Source			
Net Profit for Last 3 Years	£	£	£	Net Profit for Last 3 Years	£	£	£
Qualified Accountant	Yes	No		Qualified Accountant	Yes	No	

IF IN CURRENT JOB LESS THAN 3 YRS, PLEASE ADVISE 3YRS HISTORY IN ADDITIONAL INFORMATION

		FIRST APPLICANT DETAILS		SECOND APPLICANT DETAILS			
Name of Bank							
Sort Code				11			
Time with Bank		Years		Years			
Cheque Guarantee Car	ď	Yes 🗌 No 🗌		Yes 🗌 No 🗌			
No. of Credit Cards							
Current Lender							
Existing mortgage Bala	nce	£		Го Be Repaid? ∕es □ No □	£	To Be R Yes 🗌	-
Original purchase price							
Original loan amount &							
Have you received Hou in the last 12 months	sing Benefit		Yes 🗌 N	No 🗌		Yes 🗌 No 🗌	
If Yes state when							
Have you incurred Mort arrears in the last 12 m			Yes 🗌 N	No 🗌		Yes 🗌 No 🗌	
If yes state when							
And how many missed							
Any CCJ's/Defaults in la	ast 3 years		Yes 🗌 N	No 🗌		Yes 🗌 No 🗌	
Ever been declared Bar	nkrupt		Yes 🗌 N	No 🗌		Yes 🗌 No 🗌	
If Yes, Date registered/	Discharged						
Previously repossessed	1?		Yes 🗌 N	No 🗌		Yes 🗌 No 🗌	
If yes, when?							
			••••••	OWINGS/CURRENT CO se advise if any are se			I
Company	Balance	e 0/S	Monthly Paymer	nt To continue	Card/Loan	Expiry date	Whose loan?
	£		£	Yes 🗌 No 🗌			$1^{st} \square 2^{nd} \square Jt \square$
		Yes 🗌 No 🗌			$1^{st} \square 2^{nd} \square Jt \square$		
		Yes 🗌 No 🗌			$1^{st} \square 2^{nd} \square Jt \square$		
	£		£	Yes 🗌 No 🗌			1^{st} \Box 2^{nd} \Box Jt \Box
	£		£	Yes 🗌 No 🗌			1 st □ 2 nd □ Jt □

ADDITIONAL INFORMATION

DECLARATION (to be signed by the applicant(s) or (Mortgage Adviser)

I authorise Niche Mortgage Solutions / SP Mortgage Services on behalf of our client(s) to make any enquiries that they feel necessary in processing this Mortgage Application and take up appropriate references from Lenders, Landlords, Employers and any Credit Reference Agencies. I understand a record of any search will be recorded by the Credit Reference Agency.

Adviser Name

Date_

PLEASE ENSURE THAT <u>**ALL</u> QUESTIONS HAVE BEEN ANSWERED IN FULL.** FAILURE TO DO SO MAY RESULT IN A DELAY IN YOUR RESPONSE.</u>