

# HAMPTONS

■ ADVANCE SOLUTIONS ■

APPLICATION FORM





## 1 Personal information

### First Customer

Mr  Mrs  Ms  Dr  Other

Female  Male  No. of dependents

Smoker  Non-Smoker

Surname

First Name(s)

Date of Birth

Nationality

Passport No.

Marital Status

Country of Residence

Residential Address

City  Postcode

Correspondence Address (if different from above)

City  Postcode

Telephone Number - Home

Telephone Number - Work

Telephone Number - Mobile

Email Address - Work

Email Address - Personal

Relationship to joint applicant

### Second Customer

Mr  Mrs  Ms  Dr  Other

Female  Male  No. of dependents

Smoker  Non-Smoker

Surname

First Name(s)

Date of Birth

Nationality

Passport No.

Marital Status

Country of Residence

Residential Address

City  Postcode

Correspondence Address (if different from above)

City  Postcode

Telephone Number - Home

Telephone Number - Work

Telephone Number - Mobile

Email Address - Work

Email Address - Personal

Relationship to first customer

## 2 Employment Details

### 2.1 Employed Applicants

#### First Customer

Current Employment

Job Title

Employer's Name

Nature of Business

Employer's Address




City

Postcode

Employer Website

Start Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Type of Employment

Full Time

Part Time

Contract / Fixed Term  
Expiring on (date)

D	D	M	M	Y	Y
---	---	---	---	---	---

Other:

Self Employed  
(Please complete Section 2.2)

Official/intended retirement age  
(delete as appropriate)

Previous Employment

Job Title

Employer's Name

Nature of Business

Employer's Address




City

Postcode

Number of years in service

#### Second Customer

Current Employment

Job Title

Employer's Name

Nature of Business

Employer's Address



City

Postcode

Employer Website

Start Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Type of Employment

Full Time

Part Time

Contract / Fixed Term  
Expiring on (date)

D	D	M	M	Y	Y
---	---	---	---	---	---

Other:

Self Employed  
(Please complete Section 2.2)

Official/intended retirement age  
(delete as appropriate)

Previous Employment

Job Title

Employer's Name

Nature of Business

Employer's Address



City

Postcode

Number of years in service

## 2.2 Self Employed Applicants

First Customer  
Business Name

Nature of Business

Business Address




City

Postcode

Business Website

Date Established

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Number of employees

Business Turnover (last 2 years):

Year		Currency	Amount
Y	Y		

Year		Currency	Amount
Y	Y		

Business Net Profitability (last 2 years):

Year		Currency	Amount
Y	Y		

Year		Currency	Amount
Y	Y		

Accountant's Name

Accountant's Address




City

Postcode

Accountant's Website

Solicitor's Name

Solicitor's Address




City

Postcode

Solicitor's Website

Second Customer  
Business Name

Nature of Business

Business Address




City

Postcode

Business Website

Date Established

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Number of employees

Business Turnover (last 2 years):

Year		Currency	Amount
Y	Y		

Year		Currency	Amount
Y	Y		

Business Net Profitability (last 2 years):

Year		Currency	Amount
Y	Y		

Year		Currency	Amount
Y	Y		

Accountant's Name

Accountant's Address




City

Postcode

Accountant's Website

Solicitor's Name

Solicitor's Address




City

Postcode

Solicitor's Website

## 3 Income and Expenditure Statement

### First Customer

#### Income / Receipts

	<u>per month</u>	
	Currency	Amount
Gross Basic Salary		
Housing Allowance		
Gross Rental Income		
Other Income please state below		

#### Gross Commission Income (last 2 years):

Year			
Y	Y		
Y	Y		

#### Bonuses Received (last 2 years):

Year			
Y	Y		
Y	Y		

#### For self employed applicants

#### Director Remuneration (last 2 years):

Year			
Y	Y		
Y	Y		

#### Dividend / Profit Sharing (last 2 years):

Year			
Y	Y		
Y	Y		

#### Expenditure / Outgoings

	<u>per month</u>	
Income Tax		
Rent/Mortgage primary residence		
Other Mortgage Payments		
Loan Repayments non-mortgage		
Living Expenses		
Credit cards (enter minimum payment as shown on statement)		
Other expenses e.g. school fees, alimony (please state type below)		

### Second Customer

#### Income / Receipts

	<u>per month</u>	
	Currency	Amount
Gross Basic Salary		
Housing Allowance		
Gross Rental Income		
Other Income please state below		

#### Gross Commission Income (last 2 years):

Year			
Y	Y		
Y	Y		

#### Bonuses Received (last 2 years):

Year			
Y	Y		
Y	Y		

#### For self employed applicants

#### Director Remuneration (last 2 years):

Year			
Y	Y		
Y	Y		

#### Dividend / Profit Sharing (last 2 years):

Year			
Y	Y		
Y	Y		

#### Expenditure / Outgoings

	<u>per month</u>	
Income Tax		
Rent/Mortgage primary residence		
Other Mortgage Payments		
Loan Repayments non-mortgage		
Living Expenses		
Credit cards (enter minimum payment as shown on statement)		
Other expenses e.g. school fees, alimony (please state type below)		

## 4 Statement of Assets and Liabilities

### First Customer

#### Assets

	Currency	Amount
Savings		
Investment (Shares, funds etc)		
Pension		
Other please state below		

#### Liabilities

	Currency	Amount
Overdraft Balance Outstanding		
Loan Outstanding e.g. personal loan, hire purchase, other (please specify)		

#### Credit Cards

Do you pay off your credit card balances in full each month? Yes  No

If no

	Currency	Amount
What is/are the minimum payments?		
What are the current outstanding credit card balance(s)?		

### Second Customer

#### Assets

	Currency	Amount
Savings		
Investment (Shares, funds etc)		
Pension		
Other please state below		

#### Liabilities

	Currency	Amount
Overdraft Balance Outstanding		
Loan Outstanding e.g. personal loan, hire purchase, other (please specify)		

#### Credit Cards

Do you pay off your credit card balances in full each month? Yes  No

If no

	Currency	Amount
What is/are the minimum payments?		
What are the current outstanding credit card balance(s)?		

### Details of all Properties

Delete as appropriate:	Property 1				Property 2				Property 3				Property 4			
	Customer 1   Customer 2   Both				Customer 1   Customer 2   Both				Customer 1   Customer 2   Both				Customer 1   Customer 2   Both			
Country Location																
Purchase Price																
Estimated Current Value																
Current Loan Balance																
Name of Lender																
Term (Years)																
Capital & Repayment OR Interest Only?																
Interest Rate Charged																
Monthly Repayment																
Monthly Rental Income																
Currency																
Loan Completion Date	M	M	Y	Y	M	M	Y	Y	M	M	Y	Y	M	M	Y	Y





## 6 Property Details

If more than one property please use an additional page.

Property Type

Detached House     Semi-Detached     Terrace (Town House)     Condominium

Property Tenure

Freehold     Leasehold     Feudal

Property Address (if not known, please state city and district)

  
  
  
  


Landed Area  SqFt / SqM (Please delete as appropriate)

Build in Area  SqFt / SqM

Is the property a new build?    Yes     No

Estimated property completion or closing date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Property Type

Owner Occupation     Buy To Let     Investment     Holiday Home     Other

If other, please state the use of the property

  
  


If Buy to Let, expected rental income (per month)

Do you intend to use the property for your own/family occupation in the future?

Yes     No

If holiday home/other, how many days a year do you intend to inhabit the property?

Days

Purpose of Loan

Purchase     Re-mortgage     Further Advance / Equity Release

If for further advance please state the purpose

  
  


Purchase price or present market value:

Currency	Amount
<input type="text"/>	<input type="text"/>

Loan amount required:

Currency	Amount
<input type="text"/>	<input type="text"/>

Loan term requested  years.

Proposed borrower (if different to applicant)

Proposed guarantor (if different to applicant)

Proposed legal owner (if different to applicant)

If legal owner is different to borrower then additional information maybe required and maybe subject to additional fees.

Access details for property valuation:

Contact:     Mobile:     Tel:   
    Email:

\*Please note an "official valuation letter" from the municipal lands office will be required.

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## Declaration

How did you here about this service?


### Relatives/Other Interests

Any candidate who directly or indirectly canvasses Hamptons Advance Solutions (Thailand) Limited (HAS) will be disqualified from consideration for the loan. HAS does not bind itself to appoint any applicant.

Are you related to or do you have a close personal relationship with Hamptons Advance Solutions (Thailand) Limited?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, specify name(s), position(s) and relationship(s)


### Statement to be Signed by the Applicant(s)

HAS is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.

Please complete the following declaration and sign it in the appropriate place below.

If this declaration is not completed and signed, your application will not be considered.

I/We acknowledge that HAS is under a duty to protect the public funds it administers and to this end I/we agree it may use information provided on this form for prevention and detection of crime and it may share this information with other bodies solely for these purposes. I/We hereby give consent to such collection, storage and processing of my/our personal data and I/we agree that the information given on this form may be used for data registration purposes.

I/We hereby certify that:

- all the information given by me/us on this form is correct to the best of my/our knowledge
- all questions relating to me/us have been accurately and fully answered
- I/We possess all the qualifications which I claim to hold

Signature of First Customer

Date

Signature of Second Customer

Date

To be completed by HAS intermediaries only

Introducer Details:

Authorised Company

Country, City

Representative Name

Contact Tel and Email






## Hamptons Advance Solutions

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