



Your Financial Fact Find

Strictly private and confidential

Case ID:

Client:

Advisor:

Company:

Print Date:

Fact Find Created Date:

1. Fact Find Information

1.1. Advice Process

Advised type

Disclosure method

Advice type

1.2. Case

Case ID

Case source

Salutation

Mailing name

Advisor

2. Personal Information

2.1. Applicant 1

Client type	<input type="text"/>
Title	<input type="text"/>
Forename	<input type="text"/>
Middle names	<input type="text"/>
Surname	<input type="text"/>
Preferred name	<input type="text"/>
Previous name	<input type="text"/>
Gender	<input type="text"/>
Date of birth	<input type="text"/>
Age	<input type="text"/>
Relationship to other applicants	<input type="text"/>

Is the client vulnerable? Yes No

Justification

Is the client present Yes No

Is anyone else present? Yes No

Please provide details of others present

Nationality	<input type="text"/>
Second nationality	<input type="text"/>
Citizenship	<input type="text"/>
Country of residence	<input type="text"/>

Have you lived in the UK continuously since birth?

Yes

No

How many years have you been a citizen?

Months

Passport type (and visa type if applicable)

Is the client a politically exposed person (PEP)

Yes

No

Details

NI no.

Marital status

Employment status

Self employed start date

Continuous employment years

Months

Mother's maiden name

Preferred retirement age

Retirement date

Income tax rate

Smoker

When did the client quit smoking?

Please provide details of the client's health

Does this applicant have a will?

Yes

No

Is the will up to date?

Yes

No

When was your will last updated?

Will it require amendment?

Yes

No

Refer to legal?

Yes

No

Will intentions

Power of attorney

Yes

No

Details

Any arrangements for long term care?

Yes

No

Details

Does this applicant have any criminal convictions?

Yes

No

Is this applicant the preferred contact for this case?

Yes

No

Preferred contact method

Preferred contact time

Contact preference

Home phone

Work phone

Mobile phone

Email address

I confirm that the client does not have an email address

Fax

2.1.1. Employment Details

Job title

Occupation

Employer name

Address 1

Address 2

Town

County

Postcode

Country

Contact name

Contact phone number

Contact email address

Employment basis

Years employed

Main employment Yes No

Current employment Yes No

Start date

End date

Does this employment offer statutory sick pay only? Yes No

Months at full pay

Months at reduced pay

Monthly reduced pay

Death in service (DIS) benefit details

Other benefits given as part of the employment (e.g. private health insurance, private medical insurance, critical illness cover)

Do you own any shares in your employer's business?

Yes No

Please state percentage

Are you related to your employer?

Yes No

Please give details

Has the client joined the company's pension scheme?

Yes No

Are matching contributions available?

Yes No

Matching contribution details

2.1.1.1. Gross Income

		Period	
		Period	
		Period	

2.1.1.2. Net Income

_____		Period	
_____		Period	
_____		Period	

2.1.2. Employment Details

Job title			
Occupation			
Employer name			
Address 1			
Address 2			
Town			
County			
Postcode			
Country			
Contact name			
Contact phone number			
Contact email address			
Employment basis			
Years employed			
Main employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Current employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Start date			
End date			
Does this employment offer statutory sick pay only?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Months at full pay			
Months at reduced pay			
Monthly reduced pay			
Death in service (DIS) benefit details			

Other benefits given as part of the employment (e.g. private health insurance, private medical insurance, critical illness cover)

Do you own any shares in your employer's business?

Yes No

Please state percentage

Are you related to your employer?

Yes No

Please give details

Has the client joined the company's pension scheme?

Yes No

Are matching contributions available?

Yes No

Matching contribution details

2.1.2.1. Gross Income

		Period	
		Period	

2.1.2.2. Net Income

		Period	
		Period	

2.1.3. Self Employment Details

Business type	<input type="text"/>		
Profession	<input type="text"/>		
Occupation	<input type="text"/>		
Nature of Business	<input type="text"/>		
Business name	<input type="text"/>		
Address 1	<input type="text"/>		
Address 2	<input type="text"/>		
Town	<input type="text"/>		
County	<input type="text"/>		
Postcode	<input type="text"/>		
Country	<input type="text"/>		
Contact name	<input type="text"/>		
Contact phone number	<input type="text"/>		
Contact email address	<input type="text"/>		
Please give details of your previous job	<input type="text"/>		
Year business established	<input type="text"/>		
Income protection cover	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Tax self assessment	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Current position	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Controlling director	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Start date	<input type="text"/>		
End date	<input type="text"/>		
Ownership (years)	<input type="text"/>		
Percentage owned?	<input type="text"/>		
Who owns the remaining shares and what is their relationship to you?	<input type="text"/>		

Who owns the remaining shares and what is their relationship to you?

No. of years accounts available

When did your last accounting year end?

Figures provided for

Latest accounts net-profit (pre-tax)

Latest accounts net-profit (post-tax)

Latest accounts profit share

Latest accounts gross salary

Latest accounts net salary

Latest accounts gross dividend

Latest accounts net dividend

Previous year net-profit (pre-tax)

Previous year net-profit (post-tax)

Previous year profit share

Previous year gross salary

Previous year net salary

Previous year gross dividend

Previous year net dividend

Year Three net-profit (pre-tax)

Year Three net-profit (post-tax)

Year Three profit share

Year Three gross salary	<input type="text"/>
Year Three net salary	<input type="text"/>
Year Three gross dividend	<input type="text"/>
Year Three net dividend	<input type="text"/>
Latest accounts total	<input type="text"/>
Previous year total	<input type="text"/>
Year Three total	<input type="text"/>
Accountant's name	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Accountant's contact name	<input type="text"/>
Chartered body	<input type="text"/>
Accountant's contact number	<input type="text"/>
Accountant's email address	<input type="text"/>
Gross monthly income	<input type="text"/>
Net monthly income	<input type="text"/>

2.1.3.1. Gross Income

_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>

2.1.3.2. Net Income

_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>

2.1.4. Self Employment Details

Business type	<input type="text"/>		
Profession	<input type="text"/>		
Occupation	<input type="text"/>		
Nature of Business	<input type="text"/>		
Business name	<input type="text"/>		
Address 1	<input type="text"/>		
Address 2	<input type="text"/>		
Town	<input type="text"/>		
County	<input type="text"/>		
Postcode	<input type="text"/>		
Country	<input type="text"/>		
Contact name	<input type="text"/>		
Contact phone number	<input type="text"/>		
Contact email address	<input type="text"/>		
Please give details of your previous job	<input type="text"/>		
Year business established	<input type="text"/>		
Income protection cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Tax self assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Current position	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Controlling director	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Start date	<input type="text"/>		
End date	<input type="text"/>		
Ownership (years)	<input type="text"/>		
Percentage owned?	<input type="text"/>		
Who owns the remaining shares and what is their relationship to you?	<input type="text"/>		

Who owns the remaining shares and what is their relationship to you?

No. of years accounts available

When did your last accounting year end?

Figures provided for

Latest accounts net-profit (pre-tax)

Latest accounts net-profit (post-tax)

Latest accounts profit share

Latest accounts gross salary

Latest accounts net salary

Latest accounts gross dividend

Latest accounts net dividend

Previous year net-profit (pre-tax)

Previous year net-profit (post-tax)

Previous year profit share

Previous year gross salary

Previous year net salary

Previous year gross dividend

Previous year net dividend

Year Three net-profit (pre-tax)

Year Three net-profit (post-tax)

Year Three profit share

Year Three gross salary	<input type="text"/>
Year Three net salary	<input type="text"/>
Year Three gross dividend	<input type="text"/>
Year Three net dividend	<input type="text"/>
Latest accounts total	<input type="text"/>
Previous year total	<input type="text"/>
Year Three total	<input type="text"/>
Accountant's name	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Accountant's contact name	<input type="text"/>
Chartered body	<input type="text"/>
Accountant's contact number	<input type="text"/>
Accountant's email address	<input type="text"/>
Gross monthly income	<input type="text"/>
Net monthly income	<input type="text"/>

2.1.4.1. Gross Income

_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>

2.1.4.2. Net Income

_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>

2.1.5. Other Income Details

Income type	<input type="text"/>		
Gross amount	<input type="text"/>	Period	<input type="text"/>
Net amount	<input type="text"/>	Period	<input type="text"/>
Details	<input type="text"/>		

2.1.6. Other Income Details

Income type	<input type="text"/>		
Gross amount	<input type="text"/>	Period	<input type="text"/>
Net amount	<input type="text"/>	Period	<input type="text"/>
Details	<input type="text"/>		

2.1.7. Period of Unemployment

Is the client currently unemployed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Start date	<input type="text"/>			
End date	<input type="text"/>			
Details	<input type="text"/>			

2.1.8. Period of Unemployment

Is the client currently unemployed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Start date	<input type="text"/>			
End date	<input type="text"/>			

Details

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2.1.9. Address

Address 1

Address 2

Town

County

Postcode

Country

Current address Yes No

Is/Was the client on the electoral register at this address? Yes No

Date moved in

Date moved out

Residential status

Rent amount Rent frequency

Will this payment continue post sale? Yes No

Landlord name

Landlord address 1

Landlord address 2

Landlord town

Landlord county

Landlord postcode

Landlord country

Landlord contact name

Landlord contact number

Landlord contact email

2.1.10. Address

Address 1

Address 2

Town

County

Postcode

Country

Current address Yes No

Is/Was the client on the electoral register at this address? Yes No

Date moved in

Date moved out

Residential status

Rent amount Rent frequency

Will this payment continue post sale? Yes No

Landlord name

Landlord address 1

Landlord address 2

Landlord town

Landlord county

Landlord postcode

Landlord country

Landlord contact name

Landlord contact number

Landlord contact email

2.1.11. Credit History

2.1.11.1. Arrears

Does the client have any arrears? Yes No

2.1.11.1.1. Arrear

Description

Amount

Start date

Are the arrears now cleared?

Yes No

Date cleared

2.1.11.1.2. Arrear

Description

Amount

Start date

Are the arrears now cleared?

Yes No

Date cleared

2.1.11.2. Bankruptcy

Has the client ever been declared bankrupt?

Yes No

2.1.11.2.1. Bankruptcy

Description

Start date

Is the bankruptcy discharged?

Yes No

Date of discharge

2.1.11.2.2. Bankruptcy

Description

Start date

Is the bankruptcy discharged?

Yes No

Date of discharge

2.1.11.3. County Court Judgements

Has the client had any county court judgements issued against them?

Yes No

2.1.11.3.1. County Court Judgement

Description

Amount

Date registered

Is the CCJ satisfied?

Yes No

Date satisfied

2.1.11.3.2. County Court Judgement

Description

Amount

Date registered

Is the CCJ satisfied?

Yes No

Date satisfied

2.1.11.4. Defaults

Has the client had any defaults issued against them?

Yes No

2.1.11.4.1. Default

Description

Amount

Default date

Is the default cleared?

Yes No

Cleared date

2.1.11.4.2. Default

Description

Amount

Default date

Is the default cleared?

Yes No

Cleared date

2.1.11.5. Debt Management Plans

Has the client entered into a debt management plan?

Yes No

2.1.11.5.1. Debt Management Plan

Description

Date registered

Has the plan been conducted satisfactorily with the DMP company?

Yes No

Date completed

2.1.11.5.2. Debt Management Plan

Description

Date registered

Has the plan been conducted satisfactorily with the DMP company?

Yes No

Date completed

2.1.11.6. Individual Voluntary Arrangements

Has the client had any individual voluntary arrangements?

Yes No

2.1.11.6.1. Individual Voluntary Arrangement

Description

Registered date

Have the terms of the IVA been complied with?

Yes No

Is the arrangement complete?

Yes

No

Completed date

2.1.11.6.2. Individual Voluntary Arrangement

Description

Registered date

Have the terms of the IVA been complied with?

Yes

No

Is the arrangement complete?

Yes

No

Completed date

2.1.11.7. Payday Loans

Has the client had any payday loans in the last 3 years?

Yes

No

2.1.11.7.1. Payday Loan

Description

Start date

Has the loan been cleared?

Yes

No

Amount outstanding

Date cleared

2.1.11.7.2. Payday Loan

Description

Start date

Has the loan been cleared?

Yes No

Amount outstanding

Date cleared

2.1.11.8. Missed Payments

Has the client missed or made late payments on a credit commitment?

Yes No

Details

2.1.11.9. Property Repossession

Has the client had a property repossessed?

Yes No

Date of repossession

Details

2.1.11.10. Mortgage Declined

Has the client previously had a mortgage declined?

Yes No

Details

2.1.11.11. Credit Problems

Has the client experienced any other credit problems in the past?

Yes No

Details

2.1.12. Lifestyle Changes

Does the client expect their income to change significantly?

Yes No

Details

Does the client expect their expenditure to change significantly?

Yes No

Details

Does the client expect to receive a significant lump sum?

Yes No

Details

How long does the client expect to own the property they are mortgaging?

Other additional details

2.2. Applicant 2

Client type

Title

Forename

Middle names

Surname

Preferred name

Previous name

Gender

Date of birth

Age

Relationship to other applicants

Is the client vulnerable?

Yes No

Justification

Is the client present

Yes No

Is anyone else present?

Yes No

Please provide details of others present

Nationality

Second nationality

Citizenship

Country of residence

Have you lived in the UK continuously since birth?

Yes No

How many years have you been a citizen?

 Months

Passport type (and visa type if applicable)

Is the client a politically exposed person (PEP)

Yes No

Details

NI no.

Marital status

Employment status

Self employed start date

Continuous employment years

 Months

Mother's maiden name

Preferred retirement age

Retirement date

Income tax rate

Smoker

When did the client quit smoking?

Please provide details of the client's health

Does this applicant have a will?

Yes No

Is the will up to date?

Yes No

When was your will last updated?

Will it require amendment?

Yes No

Refer to legal?

Yes No

Will intentions

Power of attorney

Yes No

Details

Any arrangements for long term care?

Yes No

Details

Does this applicant have any criminal convictions?

Yes No

Is this applicant the preferred contact for this case?

Yes No

Preferred contact method

Preferred contact time

Contact preference

Home phone

Work phone

Mobile phone

Email address

I confirm that the client does not have an email address

Fax

2.2.1. Employment Details

Job title

Occupation

Employer name

Address 1

Address 2

Town

County

Postcode

Country

Contact name

Contact phone number

Contact email address

Employment basis

Years employed

Main employment Yes No

Current employment Yes No

Start date

End date

Does this employment offer statutory sick pay only?

Yes

No

Months at full pay

Months at reduced pay

Monthly reduced pay

Death in service (DIS) benefit details

Other benefits given as part of the employment (e.g. private health insurance, private medical insurance, critical illness cover)

Do you own any shares in your employer's business?

Yes

No

Please state percentage

Are you related to your employer?

Yes

No

Please give details

Has the client joined the company's pension scheme?

Yes

No

Are matching contributions available?

Yes

No

Matching contribution details

2.2.1.1. Gross Income

_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>

2.2.1.2. Net Income

_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>

2.2.2. Employment Details

Job title	<input type="text"/>		
Occupation	<input type="text"/>		
Employer name	<input type="text"/>		
Address 1	<input type="text"/>		
Address 2	<input type="text"/>		
Town	<input type="text"/>		
County	<input type="text"/>		
Postcode	<input type="text"/>		
Country	<input type="text"/>		
Contact name	<input type="text"/>		
Contact phone number	<input type="text"/>		
Contact email address	<input type="text"/>		
Employment basis	<input type="text"/>		
Years employed	<input type="text"/>		
Main employment	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Current employment	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Start date	<input type="text"/>		
End date	<input type="text"/>		
Does this employment offer statutory sick pay only?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Months at full pay	<input type="text"/>		
Months at reduced pay	<input type="text"/>		
Monthly reduced pay	<input type="text"/>		

Death in service (DIS) benefit details

Other benefits given as part of the employment (e.g. private health insurance, private medical insurance, critical illness cover)

Do you own any shares in your employer's business?

Yes No

Please state percentage

Are you related to your employer?

Yes No

Please give details

Has the client joined the company's pension scheme?

Yes No

Are matching contributions available?

Yes No

Matching contribution details

2.2.2.1. Gross Income

		Period	
		Period	
		Period	

2.2.2.2. Net Income

_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>

2.2.3. Self Employment Details

Business type	<input type="text"/>		
Profession	<input type="text"/>		
Occupation	<input type="text"/>		
Nature of Business	<input type="text"/>		
Business name	<input type="text"/>		
Address 1	<input type="text"/>		
Address 2	<input type="text"/>		
Town	<input type="text"/>		
County	<input type="text"/>		
Postcode	<input type="text"/>		
Country	<input type="text"/>		
Contact name	<input type="text"/>		
Contact phone number	<input type="text"/>		
Contact email address	<input type="text"/>		
Please give details of your previous job	<input type="text"/>		
Year business established	<input type="text"/>		
Income protection cover	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Tax self assessment	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Current position	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Controlling director	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Start date	<input type="text"/>		
End date	<input type="text"/>		
Ownership (years)	<input type="text"/>		
Percentage owned?	<input type="text"/>		

Who owns the remaining shares and what is their relationship to you?

Who owns the remaining shares and what is their relationship to you?

No. of years accounts available

When did your last accounting year end?

Figures provided for

Latest accounts net-profit (pre-tax)

Latest accounts net-profit (post-tax)

Latest accounts profit share

Latest accounts gross salary

Latest accounts net salary

Latest accounts gross dividend

Latest accounts net dividend

Previous year net-profit (pre-tax)

Previous year net-profit (post-tax)

Previous year profit share

Previous year gross salary

Previous year net salary

Previous year gross dividend

Previous year net dividend

Year Three net-profit (pre-tax)	<input type="text"/>
Year Three net-profit (post-tax)	<input type="text"/>
Year Three profit share	<input type="text"/>
Year Three gross salary	<input type="text"/>
Year Three net salary	<input type="text"/>
Year Three gross dividend	<input type="text"/>
Year Three net dividend	<input type="text"/>
Latest accounts total	<input type="text"/>
Previous year total	<input type="text"/>
Year Three total	<input type="text"/>
Accountant's name	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Accountant's contact name	<input type="text"/>
Chartered body	<input type="text"/>
Accountant's contact number	<input type="text"/>
Accountant's email address	<input type="text"/>
Gross monthly income	<input type="text"/>
Net monthly income	<input type="text"/>

2.2.3.1. Gross Income

<input type="text"/>	<input type="text"/>	Period	<input type="text"/>
<input type="text"/>	<input type="text"/>	Period	<input type="text"/>
<input type="text"/>	<input type="text"/>	Period	<input type="text"/>

2.2.3.2. Net Income

_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>
_____	<input type="text"/>	Period	<input type="text"/>

2.2.4. Self Employment Details

Business type	<input type="text"/>		
Profession	<input type="text"/>		
Occupation	<input type="text"/>		
Nature of Business	<input type="text"/>		
Business name	<input type="text"/>		
Address 1	<input type="text"/>		
Address 2	<input type="text"/>		
Town	<input type="text"/>		
County	<input type="text"/>		
Postcode	<input type="text"/>		
Country	<input type="text"/>		
Contact name	<input type="text"/>		
Contact phone number	<input type="text"/>		
Contact email address	<input type="text"/>		
Please give details of your previous job	<input type="text"/>		
Year business established	<input type="text"/>		
Income protection cover	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Tax self assessment	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Current position	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Controlling director	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Start date	<input type="text"/>		
End date	<input type="text"/>		
Ownership (years)	<input type="text"/>		
Percentage owned?	<input type="text"/>		

Who owns the remaining shares and what is their relationship to you?

Who owns the remaining shares and what is their relationship to you?

No. of years accounts available

When did your last accounting year end?

Figures provided for

Latest accounts net-profit (pre-tax)

Latest accounts net-profit (post-tax)

Latest accounts profit share

Latest accounts gross salary

Latest accounts net salary

Latest accounts gross dividend

Latest accounts net dividend

Previous year net-profit (pre-tax)

Previous year net-profit (post-tax)

Previous year profit share

Previous year gross salary

Previous year net salary

Previous year gross dividend

Previous year net dividend

Year Three net-profit (pre-tax)	<input type="text"/>
Year Three net-profit (post-tax)	<input type="text"/>
Year Three profit share	<input type="text"/>
Year Three gross salary	<input type="text"/>
Year Three net salary	<input type="text"/>
Year Three gross dividend	<input type="text"/>
Year Three net dividend	<input type="text"/>
Latest accounts total	<input type="text"/>
Previous year total	<input type="text"/>
Year Three total	<input type="text"/>
Accountant's name	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Accountant's contact name	<input type="text"/>
Chartered body	<input type="text"/>
Accountant's contact number	<input type="text"/>
Accountant's email address	<input type="text"/>
Gross monthly income	<input type="text"/>
Net monthly income	<input type="text"/>

2.2.4.1. Gross Income

<input type="text"/>	<input type="text"/>	Period	<input type="text"/>
<input type="text"/>	<input type="text"/>	Period	<input type="text"/>
<input type="text"/>	<input type="text"/>	Period	<input type="text"/>

2.2.4.2. Net Income

_____		Period	
_____		Period	
_____		Period	

2.2.5. Other Income Details

Income type			
Gross amount		Period	
Net amount		Period	
Details			

2.2.6. Other Income Details

Income type			
Gross amount		Period	
Net amount		Period	
Details			

2.2.7. Period of Unemployment

Is the client currently unemployed? Yes No

Start date			
End date			
Details			

2.2.8. Period of Unemployment

Is the client currently unemployed?

Yes

No

Start date

End date

Details

2.2.9. Address

Address 1

Address 2

Town

County

Postcode

Country

Current address

Yes

No

Is/Was the client on the electoral register at this address?

Yes

No

Date moved in

Date moved out

Residential status

Rent amount

Rent frequency

Will this payment continue post sale?

Yes

No

Landlord name

Landlord address 1

Landlord address 2

Landlord town

Landlord county

Landlord postcode

Landlord country

Landlord contact name

Landlord contact number

Landlord contact email

2.2.10. Address

Address 1

Address 2

Town

County

Postcode

Country

Current address

Yes

No

Is/Was the client on the electoral register at this address?

Yes

No

Date moved in

Date moved out

Residential status

Rent amount

Rent frequency

Will this payment continue post sale?

Yes

No

Landlord name

Landlord address 1

Landlord address 2

Landlord town

Landlord county

Landlord postcode

Landlord country

Landlord contact name

Landlord contact number

Landlord contact email

2.2.11. Credit History

2.2.11.1. Arrears

Does the client have any arrears?

Yes

No

2.2.11.1.1. Arrear

Description

Amount

Start date

Are the arrears now cleared?

Yes

No

Date cleared

2.2.11.1.2. Arrear

Description

Amount

Start date

Are the arrears now cleared?

Yes

No

Date cleared

2.2.11.2. Bankruptcy

Has the client ever been declared bankrupt?

Yes

No

2.2.11.2.1. Bankruptcy

Description

Start date

Is the bankruptcy discharged?

Yes

No

Date of discharge

2.2.11.2.2. Bankruptcy

Description

Start date

Is the bankruptcy discharged?

Yes

No

Date of discharge

2.2.11.3. County Court Judgements

Has the client had any county court judgements issued against them?

Yes

No

2.2.11.3.1. County Court Judgement

Description

Amount

Date registered

Is the CCJ satisfied?

Yes

No

Date satisfied

2.2.11.3.2. County Court Judgement

Description

Amount

Date registered

Is the CCJ satisfied?

Yes

No

Date satisfied

2.2.11.4. Defaults

Has the client had any defaults issued against them?

Yes

No

2.2.11.4.1. Default

Description

Amount

Default date

Is the default cleared?

Yes

No

Cleared date

2.2.11.4.2. Default

Description

Amount

Default date

Is the default cleared?

Yes

No

Cleared date

2.2.11.5. Debt Management Plans

Has the client entered into a debt management plan?

Yes

No

2.2.11.5.1. Debt Management Plan

Description

Date registered

Has the plan been conducted satisfactorily with the DMP company?

Yes No

Date completed

2.2.11.5.2. Debt Management Plan

Description

Date registered

Has the plan been conducted satisfactorily with the DMP company?

Yes No

Date completed

2.2.11.6. Individual Voluntary Arrangements

Has the client had any individual voluntary arrangements?

Yes No

2.2.11.6.1. Individual Voluntary Arrangement

Description

Registered date

Have the terms of the IVA been complied with?

Yes

No

Is the arrangement complete?

Yes

No

Completed date

2.2.11.6.2. Individual Voluntary Arrangement

Description

Registered date

Have the terms of the IVA been complied with?

Yes

No

Is the arrangement complete?

Yes

No

Completed date

2.2.11.7. Payday Loans

Has the client had any payday loans in the last 3 years?

Yes

No

2.2.11.7.1. Payday Loan

Description

Start date

Has the loan been cleared?

Yes

No

Amount outstanding

Date cleared

2.2.11.7.2. Payday Loan

Description

Start date

Has the loan been cleared?

Yes No

Amount outstanding

Date cleared

2.2.11.8. Missed Payments

Has the client missed or made late payments on a credit commitment?

Yes No

Details

2.2.11.9. Property Repossession

Has the client had a property repossessed?

Yes No

Date of repossession

Details

2.2.11.10. Mortgage Declined

Has the client previously had a mortgage declined?

Yes No

Details

2.2.11.11. Credit Problems

Has the client experienced any other credit problems in the past?

Yes

No

Details

2.2.12. Lifestyle Changes

Does the client expect their income to change significantly?

Yes

No

Details

Does the client expect their expenditure to change significantly?

Yes

No

Details

Does the client expect to receive a significant lump sum?

Yes

No

Details

How long does the client expect to own the property they are mortgaging?

Other additional details

3. Dependants

3.1. Dependant

Depends on	<input type="text"/>
Title	<input type="text"/>
Forename	<input type="text"/>
Middle names	<input type="text"/>
Surname	<input type="text"/>
Preferred name	<input type="text"/>
Previous name	<input type="text"/>
Gender	<input type="text"/>
Nationality	<input type="text"/>
Country of residence	<input type="text"/>
Date of birth	<input type="text"/>
Ongoing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Age dependent to	<input type="text"/>
Nature of relationship	<input type="text"/>
Full details of childcare arrangements (where dependant is a child)	<input type="text"/>

3.2. Dependant

Depends on	<input type="text"/>
Title	<input type="text"/>
Forename	<input type="text"/>
Middle names	<input type="text"/>
Surname	<input type="text"/>
Preferred name	<input type="text"/>
Previous name	<input type="text"/>
Gender	<input type="text"/>
Nationality	<input type="text"/>
Country of residence	<input type="text"/>
Date of birth	<input type="text"/>
Ongoing	Yes <input type="checkbox"/> No <input type="checkbox"/>

Age dependent to

Nature of relationship

Full details of childcare arrangements (where dependant is a child)

4. Property Information

4.1. Property

Address 1	<input type="text"/>		
Address 2	<input type="text"/>		
Town	<input type="text"/>		
County	<input type="text"/>		
Postcode	<input type="text"/>		
Country	<input type="text"/>		
Date of purchase	<input type="text"/>		
Purpose	<input type="text"/>		
Use	<input type="text"/>		
Is the property owner a limited company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Owners	<input type="text"/>		
Tenure	<input type="text"/>		
Ground rent	<input type="text"/>	Frequency	<input type="text"/>
Service charge	<input type="text"/>	Frequency	<input type="text"/>
Years remaining on lease	<input type="text"/>		
Property value	<input type="text"/>		
Original purchase price	<input type="text"/>		
Property type	<input type="text"/>		
Property style	<input type="text"/>		
No. of floors in block of flats	<input type="text"/>		
Which floor is the flat on?	<input type="text"/>		
Is there a lift?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Approx. size in square metres?	<input type="text"/>		
Deck access?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Above/adjoining commercial premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Type of business	<input type="text"/>		
Wall construction	<input type="text"/>		
Roof construction	<input type="text"/>		
Year built	<input type="text"/>		

Month built

No. of bedrooms

No. of reception rooms

No. of bathrooms

No. of kitchens

Does the property have a garage? Yes No

Is the property ex-council? Yes No

Does the property have any outbuildings? Yes No

Details

Do you own the property through any schemes?

If shared ownership did you pay SDLT up front or will it be paid on staircasing?

Anticipated net monthly rental

Have any of the applicants lived in the property since owning it? Yes No

Current rental status

Details

Length of the tenancy agreement

When does the current tenancy agreement expire?

How many unrelated individuals will occupy the property?

Are there 3 or more stories in the property? Yes No

Are there 5 or more unrelated tenants? Yes No

Are there shared facilities (e.g. bathroom/toilet)?

Yes

No

Is/will the property be let as a serviced apartment or through AirBNB or a similar service?

Yes

No

Is there a mortgage on this property?

Yes

No

Are there any secured loans charged to the property?

Yes

No

Loan details

Will the property be sold?

Yes

No

If not sold, will it be residential or rented?

If other, please give details

4.2. Property

Address 1

Address 2

Town

County

Postcode

Country

Date of purchase

Purpose

Use

Is the property owner a limited company?

Yes

No

Owners

Tenure		
Ground rent		Frequency
Service charge		Frequency
Years remaining on lease		
Property value		
Original purchase price		
Property type		
Property style		
No. of floors in block of flats		
Which floor is the flat on?		
Is there a lift?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Approx. size in square metres?		
Deck access?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Above/adjoining commercial premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of business		
Wall construction		
Roof construction		
Year built		
Month built		
No. of bedrooms		
No. of reception rooms		
No. of bathrooms		
No. of kitchens		
Does the property have a garage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the property ex-council?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the property have any outbuildings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details		
Do you own the property through any schemes?		

If shared ownership did you pay SDLT up front or will it be paid on staircasing?

Anticipated net monthly rental

Have any of the applicants lived in the property since owning it?

Yes No

Current rental status

Details

Length of the tenancy agreement

When does the current tenancy agreement expire?

How many unrelated individuals will occupy the property?

Are there 3 or more stories in the property?

Yes No

Are there 5 or more unrelated tenants?

Yes No

Are there shared facilities (e.g. bathroom/toilet)?

Yes No

Is/will the property be let as a serviced apartment or through AirBNB or a similar service?

Yes No

Is there a mortgage on this property?

Yes No

Are there any secured loans charged to the property?

Yes No

Loan details

Will the property be sold?

Yes

No

If not sold, will it be residential or rented?

If other, please give details

5. Existing Mortgages

5.1. Mortgage

Mortgaged property	<input type="text"/>
Owners	<input type="text"/>
Lender	<input type="text"/>
Other lender name	<input type="text"/>
Account number	<input type="text"/>
Start date	<input type="text"/>
Type of advance	<input type="text"/>
Repayment method	<input type="text"/>
Repayment Vehicle	<input type="text"/>
Repayment amount	<input type="text"/>
Interest only amount	<input type="text"/>
Remaining balance	<input type="text"/>
Net equity	<input type="text"/>
Balance date	<input type="text"/>
Original term (years)	<input type="text"/>
Term remaining (years)	<input type="text"/>
Monthly payment	<input type="text"/>
Current Interest rate	<input type="text"/>
Type of rate	<input type="text"/>
Details	<input type="text"/>
Reversionary rate	<input type="text"/>
Do you have a stepped rate?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details

Does an early redemption charge apply?

Yes No

Early redemption charge amount

Early redemption charge end date

Early redemption charge details

Is the mortgage portable?

Yes No

Please detail flexible features available on your current mortgage

Is this mortgage to be redeemed as part of this transaction?

Yes No

Details

Would the client like a review of the mortgage?

Yes No

Is the loan protected?

Yes No

5.2. Mortgage

Mortgaged property

Owners

Lender

Other lender name	<input type="text"/>
Account number	<input type="text"/>
Start date	<input type="text"/>
Type of advance	<input type="text"/>
Repayment method	<input type="text"/>
Repayment Vehicle	<input type="text"/>
Repayment amount	<input type="text"/>
Interest only amount	<input type="text"/>
Remaining balance	<input type="text"/>
Net equity	<input type="text"/>
Balance date	<input type="text"/>
Original term (years)	<input type="text"/>
Term remaining (years)	<input type="text"/>
Monthly payment	<input type="text"/>
Current Interest rate	<input type="text"/>
Type of rate	<input type="text"/>
Details	<input type="text"/>
Reversionary rate	<input type="text"/>
Do you have a stepped rate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details	<input type="text"/>
Does an early redemption charge apply?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Early redemption charge amount	<input type="text"/>
Early redemption charge end date	<input type="text"/>

Early redemption charge details

Is the mortgage portable?

Yes No

Please detail flexible features available on your current mortgage

Is this mortgage to be redeemed as part of this transaction?

Yes No

Details

Would the client like a review of the mortgage?

Yes No

Is the loan protected?

Yes No

6. Existing Policies

6.1. Life Insurance Policy

Policy type	<input type="text"/>		
Owners	<input type="text"/>		
Provider	<input type="text"/>		
Other provider name	<input type="text"/>		
Life assured	<input type="text"/>		
Purpose	<input type="text"/>		
Policy no.	<input type="text"/>		
Premium	<input type="text"/>	Frequency	<input type="text"/>
Life sum assured	<input type="text"/>		
CIC/SIC sum assured	<input type="text"/>		
CIC/SIC benefit type	<input type="text"/>		
Policy start date	<input type="text"/>		
Term basis	<input type="text"/>		
Term (to age)	<input type="text"/>		
Term (years)	<input type="text"/>		
Term (months)	<input type="text"/>		
Guaranteed	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Reviewable	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Is the policy indexed?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Is there a waiver of premium?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Is the policy in trust?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Details	<input type="text"/>		
Is the policy used with a mortgage?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Policy to be cancelled or replaced?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

Need for the cover

--

Other applicable benefits

--

6.2. Life Insurance Policy

Policy type

--

Owners

--

Provider

--

Other provider name

--

Life assured

--

Purpose

--

Policy no.

--

Premium

	Frequency	
--	-----------	--

Frequency

Life sum assured

--

CIC/SIC sum assured

--

CIC/SIC benefit type

--

Policy start date

--

Term basis

--

Term (to age)

--

Term (years)

--

Term (months)

--

Guaranteed

Yes No

Reviewable

Yes No

Is the policy indexed?

Yes No

Is there a waiver of premium?

Yes No

Is the policy in trust?

Yes No

Details

--

Is the policy used with a mortgage?

Yes No

Policy to be cancelled or replaced?

Yes No

Need for the cover

--

Other applicable benefits

--

6.3. Income Protection Policy

Policy type

--

Owners

--

Provider

--

Other provider name

--

Life assured

--

Policy no.

--

Premium

--

Frequency

--

Initial benefit

--

Initial deferred period

--

Additional benefit

--

Additional deferred period

--

Occupation cover

--

Policy start date

--

Term basis

--

Term (to age)

--

Term (years)

--

Term (months)

--

Is the policy indexed? Yes No

Is there a waiver of premium? Yes No

Is the policy used with a mortgage? Yes No

Policy to be cancelled or replaced? Yes No

Need for the cover

Other applicable benefits

6.4. Income Protection Policy

Policy type	<input type="text"/>	
Owners	<input type="text"/>	
Provider	<input type="text"/>	
Other provider name	<input type="text"/>	
Life assured	<input type="text"/>	
Policy no.	<input type="text"/>	
Premium	<input type="text"/>	Frequency <input type="text"/>
Initial benefit	<input type="text"/>	
Initial deferred period	<input type="text"/>	
Additional benefit	<input type="text"/>	
Additional deferred period	<input type="text"/>	
Occupation cover	<input type="text"/>	
Policy start date	<input type="text"/>	
Term basis	<input type="text"/>	
Term (to age)	<input type="text"/>	
Term (years)	<input type="text"/>	
Term (months)	<input type="text"/>	
Is the policy indexed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is there a waiver of premium?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the policy used with a mortgage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Policy to be cancelled or replaced?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Need for the cover

Other applicable benefits

6.5. Buildings & Contents Policy

Policy type	<input type="text"/>			
Owners	<input type="text"/>			
Provider	<input type="text"/>			
Other provider name	<input type="text"/>			
Property	<input type="text"/>			
No claims bonus	<input type="text"/>			
Policy no.	<input type="text"/>			
Premium	<input type="text"/>	Frequency	<input type="text"/>	
Buildings cover	<input type="text"/>			
Buildings accidental damage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Contents cover	<input type="text"/>			
Contents accidental damage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are personal possessions included?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is cycle cover included?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are specified items included?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Is the policy to be cancelled or replaced?

Yes

No

Is the policy used with a mortgage?

Yes

No

Need for the cover

Other applicable benefits

Start date

Claim details

6.5.1. Specified Items

Item description

Item value

Item description

Item value

Item description

Item value

Item description

Item value

Item description

Item value

6.6. Buildings & Contents Policy

Policy type

Owners

Provider

Other provider name

Property

No claims bonus	<input type="text"/>	
Policy no.	<input type="text"/>	
Premium	<input type="text"/>	Frequency <input type="text"/>
Buildings cover	<input type="text"/>	
Buildings accidental damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contents cover	<input type="text"/>	
Contents accidental damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are personal possessions included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is cycle cover included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are specified items included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the policy to be cancelled or replaced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the policy used with a mortgage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Need for the cover	<input type="text"/>	
Other applicable benefits	<input type="text"/>	
Start date	<input type="text"/>	
Claim details	<input type="text"/>	

6.6.1. Specified Items

Item description	<input type="text"/>
Item value	<input type="text"/>
Item description	<input type="text"/>

Item value	
Item description	
Item value	
Item description	
Item value	
Item description	
Item value	

6.7. Cancelled Protection

Any policies
lapsed or
cancelled in the
last 12 months?

Yes

No

Details

7. Savings & Investments

7.1. Savings

7.1.1. Saving

Owners	<input type="text"/>		
Savings type	<input type="text"/>		
Provider	<input type="text"/>		
Other provider name	<input type="text"/>		
Objective	<input type="text"/>		
Balance	<input type="text"/>	Date	<input type="text"/>
Interest rate/yield	<input type="text"/>		
Maturity date	<input type="text"/>		
Income taken/reinvested	<input type="text"/>		
Account number	<input type="text"/>		
Are regular deposits being made?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Amount	<input type="text"/>	Frequency	<input type="text"/>
Details of allowance used?	<input type="text"/>		
Will this form part of the estate on death?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Will this form part of the spouse's estate on death?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Further details	<input type="text"/>		

7.1.2. Saving

Owners	<input type="text"/>
Savings type	<input type="text"/>
Provider	<input type="text"/>
Other provider name	<input type="text"/>

Objective	<input type="text"/>	
Balance	<input type="text"/>	Date <input type="text"/>
Interest rate/yield	<input type="text"/>	
Maturity date	<input type="text"/>	
Income taken/reinvested	<input type="text"/>	
Account number	<input type="text"/>	
Are regular deposits being made?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Amount	<input type="text"/>	Frequency <input type="text"/>
Details of allowance used?	<input type="text"/>	
Will this form part of the estate on death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will this form part of the spouse's estate on death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Further details	<input type="text"/>	

7.2. Investments

7.2.1. Investment

Owners	<input type="text"/>	
Investment type	<input type="text"/>	
Platform	<input type="text"/>	
Provider	<input type="text"/>	
Other provider name	<input type="text"/>	
Objective	<input type="text"/>	
Initial investment	<input type="text"/>	Start date <input type="text"/>
Valuation	<input type="text"/>	Date <input type="text"/>
Interest rate/yield	<input type="text"/>	
Maturity date	<input type="text"/>	
Account no.	<input type="text"/>	
Are regular investments being made?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Amount	<input type="text"/>	Frequency	<input type="text"/>
Is a regular income currently being drawn?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Amount	<input type="text"/>	Frequency	<input type="text"/>
Will this form part of the estate on death?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Will this form part of the spouse's estate on death?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Further details	<input type="text"/>		
Life cover	<input type="text"/>		

7.2.2. Investment

Owners	<input type="text"/>		
Investment type	<input type="text"/>		
Platform	<input type="text"/>		
Provider	<input type="text"/>		
Other provider name	<input type="text"/>		
Objective	<input type="text"/>		
Initial investment	<input type="text"/>	Start date	<input type="text"/>
Valuation	<input type="text"/>	Date	<input type="text"/>
Interest rate/yield	<input type="text"/>		
Maturity date	<input type="text"/>		
Account no.	<input type="text"/>		
Are regular investments being made?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Amount	<input type="text"/>	Frequency	<input type="text"/>
Is a regular income currently being drawn?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Amount	<input type="text"/>	Frequency	<input type="text"/>
Will this form part of the estate on death?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Will this form part of the spouse's estate on death?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

Further details

--

Life cover

--

7.3. Other Assets

7.3.1. Other Asset

Asset owner

--

Asset type

--

Asset description

--

Purchase price

--

Date

--

Valuation

--

Date

--

7.3.2. Other Asset

Asset owner

--

Asset type

--

Asset description

--

Purchase price

--

Date

--

Valuation

--

Date

--

7.4. Emergency Fund

Does the client have an emergency fund?

Yes

No

Details

7.5. Surrendered Investments

Were any investments surrendered or cashed in during the last 12 months?

Yes No

Details

8. Liabilities

8.1. Loan

Loan type	<input type="text"/>
Owners	<input type="text"/>
Is this loan secured against a property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Property loan is secured against	<input type="text"/>
Provider	<input type="text"/>
Other provider name	<input type="text"/>
Loan purpose	<input type="text"/>
Account number	<input type="text"/>
Start date	<input type="text"/>
Remaining years	<input type="text"/> Months <input type="text"/>
Balance	<input type="text"/>
Balance date	<input type="text"/>
Monthly payment	<input type="text"/>
Interest rate	<input type="text"/>
Does an early repayment charge (ERC) apply?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ERC end date	<input type="text"/>
ERC details	<input type="text"/>
Is this loan to be redeemed as part of this transaction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How will this be repaid	<input type="text"/>

8.2. Loan

Loan type	<input type="text"/>	
Owners	<input type="text"/>	
Is this loan secured against a property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Property loan is secured against	<input type="text"/>	
Provider	<input type="text"/>	
Other provider name	<input type="text"/>	
Loan purpose	<input type="text"/>	
Account number	<input type="text"/>	
Start date	<input type="text"/>	
Remaining years	<input type="text"/>	Months <input type="text"/>
Balance	<input type="text"/>	
Balance date	<input type="text"/>	
Monthly payment	<input type="text"/>	
Interest rate	<input type="text"/>	
Does an early repayment charge (ERC) apply?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ERC end date	<input type="text"/>	
ERC details	<input type="text"/>	
Is this loan to be redeemed as part of this transaction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How will this be repaid	<input type="text"/>	

8.3. Store or Credit Card

Card type	<input type="text"/>
Cardholder(s)	<input type="text"/>
Owner	<input type="text"/>
Provider	<input type="text"/>

Other provider name	<input type="text"/>
Account number	<input type="text"/>
Minimum payment	<input type="text"/>
Monthly payment (or average monthly spend if cleared monthly)	<input type="text"/>
What is card used for?	<input type="text"/>
Interest rate	<input type="text"/>
Balance	<input type="text"/>
Balance date	<input type="text"/>
Balance at last statement	<input type="text"/>
Credit limit	<input type="text"/>
Is this card to be redeemed as part of this transaction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How will this be repaid	<input type="text"/>

8.4. Store or Credit Card

Card type	<input type="text"/>
Cardholder(s)	<input type="text"/>
Owner	<input type="text"/>
Provider	<input type="text"/>
Other provider name	<input type="text"/>
Account number	<input type="text"/>
Minimum payment	<input type="text"/>
Monthly payment (or average monthly spend if cleared monthly)	<input type="text"/>

What is card used for?

Interest rate

Balance

Balance date

Balance at last statement

Credit limit

Is this card to be redeemed as part of this transaction?

Yes

No

How will this be repaid

9. Budget Planner

9.1. Housing

Item	Frequency	Before	After
Rent			
Main Residential Mortgage			
Buy To Lets			
Monthly Summary			

9.2. Utilities / Housing Costs

Item	Frequency	Before	After
Council Tax			
Water			
Gas/Electricity			
Oil/Propane/Solid Fuel			
Landline/Broadband			
Mobile Phones			
Sky/TV Package/TV Licence			
House Maintenance			
Monthly Summary			

9.3. Savings

Item	Frequency	Before	After
Deposit Accounts			
ISAs/Other Savings			
Endowment/Pensions			
Monthly Emergency Fund			
Monthly Summary			

9.4. Protection

Item	Frequency	Before	After
Gas/Utility Insurance/Contracts			
Building & Contents			
Life Cover/PMI/Dental Plans			
Monthly Summary			

9.5. Debt Servicing

Item	Frequency	Before	After
Catalogue Payments			

Student Loan			
Ongoing Credit Commitments			
Monthly Summary			

9.6. Subsistence

Item	Frequency	Before	After
Food/Grocery Shop			
Childcare			
Clothes			
Regular Prescriptions			
Monthly Summary			

9.7. Entertainment

Item	Frequency	Before	After
Theatre/Cinema			
Eating Out, Drink and Smoking			
Birthdays, Anniversaries and Christmas			
Monthly Summary			

9.8. Travel

Item	Frequency	Before	After
Holidays/Travel			
Petrol/Diesel			
Car Insurance/RoadTax			
Vehicle Maintenance			
Monthly Summary			

9.9. Other

Item	Frequency	Before	After
Window Cleaning			
Appliance Servicing/Warranties			
Maintenance			
Gym Membership/Sports/Hobbies			
Pets			
Hairdressers, Barbers, Manicures etc			
Charity Donations			
Union Fees			
Pay Day Loans			
Other			
Monthly Summary			

9.10. Main Income

Item	Frequency	Before	After
Main Income			
Monthly Summary			

9.11. Rental Income

Item	Frequency	Before	After
Rental Income			
Monthly Summary			

9.12. Summary

Net Income	Before	After
Main Income		
Rental Income		
Total Income		

Expenditure	Before	After
Essential Expenditure		
Non-Essential Expenditure		
Total Expenditure		

Monthly Disposable Budget		
---------------------------	--	--

10. Protection

10.1. Protection

If the client or their partner were made redundant how would it affect their ability to pay the mortgage and bills?

If the client or their partner were unable to work due to an accident or sickness how would it affect their ability to pay the mortgage and bills?

If the client or their partner were to be diagnosed with a critical illness how would it affect their ability to pay the mortgage and bills?

If the client or their partner were to die prematurely how would it affect their ability to pay the mortgage and bills?

In the event of a reduction in income, how long does the client think they could maintain their essential expenditure for?

How does the client feel about the need to protect both their buildings and their contents?

11. Pensions

11.1. Pension Details

11.1.1. Applicant 1

Projected annual state benefit

Has the client got Pension or Lifetime allowance protection in place?

Yes No

Further details

11.1.2. Applicant 2

Projected annual state benefit

Has the client got Pension or Lifetime allowance protection in place?

Yes No

Further details

11.2. Personal Pension

Owners

Scheme type

Provider

Other provider name

Plan / scheme no.

Commencement date	<input type="text"/>	
Retirement age	<input type="text"/>	
Is income drawdown allowed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the client accessed the pension previously?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a waiver of contribution included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lump sum percentage	<input type="text"/>	
Is the pension paid up/preserved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Current value	<input type="text"/>	Date <input type="text"/>
Is the pension indexed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the rights protected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fixed contribution	<input type="text"/>	Frequency <input type="text"/>
Employers contribution	<input type="text"/>	Frequency <input type="text"/>
Was the pension previously transferred?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a guaranteed minimum pension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the pension form part of the estate on death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the pension form part of the spouse's estate on death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

11.3. Personal Pension

Owners	<input type="text"/>
Scheme type	<input type="text"/>
Provider	<input type="text"/>
Other provider name	<input type="text"/>
Plan / scheme no.	<input type="text"/>

Commencement date	<input type="text"/>	
Retirement age	<input type="text"/>	
Is income drawdown allowed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the client accessed the pension previously?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a waiver of contribution included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lump sum percentage	<input type="text"/>	
Is the pension paid up/preserved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Current value	<input type="text"/>	Date <input type="text"/>
Is the pension indexed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the rights protected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fixed contribution	<input type="text"/>	Frequency <input type="text"/>
Employers contribution	<input type="text"/>	Frequency <input type="text"/>
Was the pension previously transferred?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a guaranteed minimum pension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the pension form part of the estate on death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the pension form part of the spouse's estate on death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

11.4. Company Pension

Owners	<input type="text"/>
Scheme type	<input type="text"/>
Scheme name	<input type="text"/>
Plan / scheme no.	<input type="text"/>
Retirement age	<input type="text"/>

Date joined

Date left

Is income drawdown allowed?

Yes No

Has the client accessed the pension previously?

Yes No

Is waiver of contribution included?

Yes No

Lump sum percentage

Preserved

Yes No

Current value

Date

Pensionable income

Indexed

Yes No

Fixed contribution

Frequency

Employer contribution

Frequency

Was the pension previously transferred?

Yes No

Is there a guaranteed minimum pension?

Yes No

Will the pension form part of the estate on death?

Yes No

Will the pension form part of the spouse's estate on death?

Yes No

Dependants pension

Are reviews/advice offered?

Yes No

11.5. Company Pension

Owners

Scheme type	<input type="text"/>		
Scheme name	<input type="text"/>		
Plan / scheme no.	<input type="text"/>		
Retirement age	<input type="text"/>		
Date joined	<input type="text"/>		
Date left	<input type="text"/>		
Is income drawdown allowed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the client accessed the pension previously?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is waiver of contribution included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Lump sum percentage	<input type="text"/>		
Preserved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Current value	<input type="text"/>	Date	<input type="text"/>
Pensionable income	<input type="text"/>		
Indexed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fixed contribution	<input type="text"/>	Frequency	<input type="text"/>
Employer contribution	<input type="text"/>	Frequency	<input type="text"/>
Was the pension previously transferred?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a guaranteed minimum pension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will the pension form part of the estate on death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will the pension form part of the spouse's estate on death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dependants pension	<input type="text"/>		

Are reviews/advice offered?

Yes

No

11.6. Paid Up Pensions

Does the client have any pensions paid up or cashed in during the last 12 months?

Yes

No

Details

12. Bank Details

12.1. Bank Account

Account owners

Bank

Sort code

Account number

Account name

Details

Is there an Overdraft facility which has been used in the past 6 months?

Yes

No

How has it been used?

12.2. Bank Account

Account owners

Bank

Sort code

Account number

Account name

Details

Is there an Overdraft facility which has been used in the past 6 months?

Yes

No

How has it been used?

A large, empty rectangular box with a thin black border, intended for a user to provide an answer to the question "How has it been used?".

13. Research Requirements

13.1. Mortgage Requirements

13.1.1. Mortgage Requirement

Applicants	<input type="text"/>
First applicant type	<input type="text"/>
Second applicant type	<input type="text"/>
Mortgage reason	<input type="text"/>
Remortgage property	<input type="text"/>
Remortgage reason	<input type="text"/>
Does the client understand the associated costs, that total monthly payments may increase, and that debts are now secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of discussed alternatives and consequences	<input type="text"/>
Mortgage type	<input type="text"/>
Repayment method	<input type="text"/>
Interest only amount	<input type="text"/>
Repayment vehicle	<input type="text"/>
Projected value	<input type="text"/>
Other vehicle	<input type="text"/>
Source of deposit	<input type="text"/>
Property value	<input type="text"/>
Current mortgage outstanding	<input type="text"/>
Current monthly payment	<input type="text"/>
Loan required	<input type="text"/>

LTV	
Term type	
Term	
Address line 1	
Address line 2	
Address line 3	
Town	
County	
Postcode	
Property type	
Property style	
No. of floors in block of flats	
Wall construction	
Roof construction	
Property use	
Property tenure	
Years left on lease	
Year built	
No. of bedrooms	
No. of reception rooms	
No. of bathrooms	
No. of kitchens	
Month built	
Is the property a new build under construction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the property have a garage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property ex-council?	Yes <input type="checkbox"/> No <input type="checkbox"/>
BTL type	
Expected rental income	
No. of properties owned excluding own	
Total borrowing on properties excluding own	
No. of tenants (in this property)	
Tenant status	

Landlord status

Refurbishment type

Are the clients higher rate taxpayers?

Yes No

Is top slicing allowed?

Yes No

Is the property a house of multiple occupancy?

Yes No

Is this a corporate let?

Yes No

Is the property a bedsit?

Yes No

No. of bedrooms

Will the mortgage be owned by a ltd. company?

Yes No

Limited company SPV

Yes No

Would the client prefer to pay any fees upfront or add them to the loan?

Details of discussed alternatives and consequences

Does the client intend to make early repayments / overpayments?

Yes No

Details (amount and when)

Would the client prefer to keep initial monthly outlay to a minimum?

Yes No

Would the client like their monthly payments to remain stable for a period of time?

Yes No

Details (duration)

Details (reason why stable payments are preferred)

Does the client intend to move property in the foreseeable future?

Yes No

Does the client prefer a mortgage with a cashback facility?

Yes No

Does the client prefer to avoid a higher lending charge?

Yes No

Would the client prefer flexible repayments / payment holidays?

Yes No

Market to source

Mortgage scheme

Rate period

From

To

Should the true cost be calculated over the initial product period?

Yes No

True cost period (months)

Should fees payable be added?

Yes No

What fees should be included?

Should fees be added to the loan?

Yes No

Should cashback be deducted?

Yes No

Should refunded fees be deducted?

Yes No

First applicant
current account
provider

Second applicant
current account
provider

13.1.2. Mortgage Requirement

Applicants

First applicant
type

Second applicant
type

Mortgage reason

Remortgage
property

Remortgage
reason

Does the client
understand the
associated costs,
that total monthly
payments may
increase, and that
debts are now
secured?

Yes

No

Details of
discussed
alternatives and
consequences

Mortgage type

Repayment
method

Interest only
amount

Repayment
vehicle

Projected value

Other vehicle

Source of deposit

Property value

Current mortgage
outstanding

Current monthly
payment

Loan required

LTV	
Term type	
Term	
Address line 1	
Address line 2	
Address line 3	
Town	
County	
Postcode	
Property type	
Property style	
No. of floors in block of flats	
Wall construction	
Roof construction	
Property use	
Property tenure	
Years left on lease	
Year built	
No. of bedrooms	
No. of reception rooms	
No. of bathrooms	
No. of kitchens	
Month built	
Is the property a new build under construction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the property have a garage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property ex-council?	Yes <input type="checkbox"/> No <input type="checkbox"/>
BTL type	
Expected rental income	
No. of properties owned excluding own	
Total borrowing on properties excluding own	
No. of tenants (in this property)	
Tenant status	

Landlord status

Refurbishment type

Are the clients higher rate taxpayers?

Yes No

Is top slicing allowed?

Yes No

Is the property a house of multiple occupancy?

Yes No

Is this a corporate let?

Yes No

Is the property a bedsit?

Yes No

No. of bedrooms

Will the mortgage be owned by a ltd. company?

Yes No

Limited company SPV

Yes No

Would the client prefer to pay any fees upfront or add them to the loan?

Details of discussed alternatives and consequences

Does the client intend to make early repayments / overpayments?

Yes No

Details (amount and when)

Would the client prefer to keep initial monthly outlay to a minimum?

Yes No

Would the client like their monthly payments to remain stable for a period of time?

Yes No

Details (duration)

Details (reason why stable payments are preferred)

Does the client intend to move property in the foreseeable future?

Yes No

Does the client prefer a mortgage with a cashback facility?

Yes No

Does the client prefer to avoid a higher lending charge?

Yes No

Would the client prefer flexible repayments / payment holidays?

Yes No

Market to source

Mortgage scheme

Rate period

From

To

Should the true cost be calculated over the initial product period?

Yes No

True cost period (months)

Should fees payable be added?

Yes No

What fees should be included?

Should fees be added to the loan?

Yes No

Should cashback be deducted?

Yes No

Should refunded fees be deducted?

Yes No

First applicant
current account
provider

Second applicant
current account
provider

13.2. Secured Loan Requirements

13.2.1. Secured Loan Requirement

Applicants

First applicant
type

Second applicant
type

Remortgage
property

Loan purpose

Remortgage
reason

Does the client understand the associated costs, that total monthly payments may increase, and that debts are now secured?

Yes

No

Details of discussed alternatives and consequences

Payment method

Property value

Current mortgage outstanding

Current monthly payment

Loan required

LTV

Term

Term type

Exit strategy

Has the property been previously bridged? Yes No

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

Will the mortgage be owned by a ltd. company? Yes No

Total value of additional properties

Total amount outstanding on additional properties

Property use

Is refurbishment required?

Is there any change of use? (e.g. commercial to residential) Yes No

Does the project require planning? Yes No

Has planning been granted? Yes No

BTL type

Expected rental income

No. of properties owned excluding own

Total borrowing on properties excluding own

No. of tenants (in this property)

Tenant status

Landlord status

Refurbishment type

Are the clients higher rate taxpayers? Yes No

Is top slicing allowed? Yes No

Is the property a house of multiple occupancy? Yes No

Is this a corporate let?

Yes

No

Is the property a bedsit?

Yes

No

No. of bedrooms

Will the mortgage be owned by a ltd. company?

Yes

No

Limited company SPV

Yes

No

Would the client prefer to pay any fees upfront or add them to the loan?

Details of discussed alternatives and consequences

Does the client intend to make early repayments / overpayments?

Yes

No

Details (amount and when)

Would the client prefer to keep initial monthly outlay to a minimum?

Yes

No

Would the client like their monthly payments to remain stable for a period of time?

Yes

No

Details (duration)

Details (reason why stable payments are preferred)

Does the client intend to move property in the foreseeable future?

Yes

No

Does the client prefer a mortgage with a cashback facility?

Yes

No

Does the client prefer to avoid a higher lending charge?

Yes No

Would the client prefer flexible repayments / payment holidays?

Yes No

Market to source

Mortgage scheme

Rate period

From

To

Should the true cost be calculated over the initial product period?

Yes No

True cost period (months)

Should fees payable be added?

Yes No

What fees should be included?

Should fees be added to the loan?

Yes No

Should cashback be deducted?

Yes No

Should refunded fees be deducted?

Yes No

13.2.2. Secured Loan Requirement

Applicants

First applicant type

Second applicant type

Remortgage property

Loan purpose

Remortgage reason

Does the client understand the associated costs, that total monthly payments may increase, and that debts are now secured?

Yes

No

Details of discussed alternatives and consequences

Payment method

Property value

Current mortgage outstanding

Current monthly payment

Loan required

LTV

Term

Term type

Exit strategy

Has the property been previously bridged?

Yes

No

Will the property be occupied by the client or a family member?

Yes

No

Will the mortgage be owned by a ltd. company?

Yes

No

Total value of additional properties

Total amount outstanding on additional properties

Property use

Is refurbishment required?

Is there any change of use? (e.g. commercial to residential)

Yes

No

Does the project require planning?

Yes

No

Has planning been granted?

Yes No

BTL type

Expected rental income

No. of properties owned excluding own

Total borrowing on properties excluding own

No. of tenants (in this property)

Tenant status

Landlord status

Refurbishment type

Are the clients higher rate taxpayers?

Yes No

Is top slicing allowed?

Yes No

Is the property a house of multiple occupancy?

Yes No

Is this a corporate let?

Yes No

Is the property a bedsit?

Yes No

No. of bedrooms

Will the mortgage be owned by a ltd. company?

Yes No

Limited company SPV

Yes No

Would the client prefer to pay any fees upfront or add them to the loan?

Details of discussed alternatives and consequences

Does the client intend to make early repayments / overpayments?

Yes No

Details (amount and when)

Would the client prefer to keep initial monthly outlay to a minimum?

Yes No

Would the client like their monthly payments to remain stable for a period of time?

Yes No

Details (duration)

Details (reason why stable payments are preferred)

Does the client intend to move property in the foreseeable future?

Yes No

Does the client prefer a mortgage with a cashback facility?

Yes No

Does the client prefer to avoid a higher lending charge?

Yes No

Would the client prefer flexible repayments / payment holidays?

Yes No

Market to source

Mortgage scheme

Rate period

From

To

Should the true cost be calculated over the initial product period?

Yes No

True cost period (months)

Should fees payable be added?

Yes No

What fees should be included?

Should fees be added to the loan?

Yes No

Should cashback be deducted?

Yes No

Should refunded fees be deducted?

Yes No

13.3. Life Requirements

13.3.1. Life Requirement

Product type

Lives assured

First life occupation

Second life occupation

Lives assured basis

Renewable Contracts

Yes No

Term basis

Term

Quotation basis

Cover basis

Premium amount

Benefit amount

Critical illness cover

Life cover annual amount

Critical illness annual amount

Increase rate

Premium frequency

Premium type

Should terminal illness cover be included?

Yes No

Should policies with a waiver of premium be included?

Yes

No

Waiver of premium

Loan interest rate

Policy interest rate

CI cover type

Conditions

Total permanent disability

13.3.2. Life Requirement

Product type

Lives assured

First life occupation

Second life occupation

Lives assured basis

Renewable Contracts

Yes

No

Term basis

Term

Quotation basis

Cover basis

Premium amount

Benefit amount

Critical illness cover

Life cover annual amount

Critical illness annual amount

Increase rate

Premium frequency

Premium type

Should terminal illness cover be included?

Yes

No

Should policies with a waiver of premium be included?

Yes

No

Waiver of premium

Loan interest rate

Policy interest rate

CI cover type

Conditions

Total permanent disability

13.4. Income Protection Requirements

13.4.1. Income Protection Requirement

Assured client

Client occupation

Product type

Term (years)

Should employers NI contributions be included?

Yes

No

Should employers pension contributions be included?

Yes

No

Monthly pension contribution

Terminating age

Should renewable contracts be included?

Yes

No

Should plans with limited benefit periods be included?

Yes

No

Are dual deferred periods required?

Yes

No

Additional deferred period

Additional benefit amount

Quotation basis	
Benefit amount	
Monthly benefit amount	
Premium frequency	
Premium amount	
Deferred period	
Premium type	
Preferred escalation rate	
Benefit increase basis	
Existing cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing cover amount	

13.4.2. Income Protection Requirement

Assured client	
Client occupation	
Product type	
Term (years)	
Should employers NI contributions be included?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Should employers pension contributions be included?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Monthly pension contribution	
Terminating age	
Should renewable contracts be included?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Should plans with limited benefit periods be included?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are dual deferred periods required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional deferred period	

Additional benefit amount	<input type="text"/>
Quotation basis	<input type="text"/>
Benefit amount	<input type="text"/>
Monthly benefit amount	<input type="text"/>
Premium frequency	<input type="text"/>
Premium amount	<input type="text"/>
Deferred period	<input type="text"/>
Premium type	<input type="text"/>
Preferred escalation rate	<input type="text"/>
Benefit increase basis	<input type="text"/>
Existing cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing cover amount	<input type="text"/>

13.5. B&C Requirements

13.5.1. B&C Requirement

Policy type	<input type="text"/>
Owners	<input type="text"/>
Property	<input type="text"/>
First time buyer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Property type	<input type="text"/>
Property style	<input type="text"/>
Year built	<input type="text"/>
No. of bedrooms	<input type="text"/>
Buildings no claims bonus	<input type="text"/>
Buildings accidental damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contents no claims bonus	<input type="text"/>
Contents accidental damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal possessions included	Yes <input type="checkbox"/> No <input type="checkbox"/>

Unspecified personal possession cover amount

Voluntary excess

13.5.2. B&C Requirement

Policy type

Owners

Property

First time buyer

Yes No

Property type

Property style

Year built

No. of bedrooms

Buildings no claims bonus

Buildings accidental damage

Yes No

Contents no claims bonus

Contents accidental damage

Yes No

Personal possessions included

Yes No

Unspecified personal possession cover amount

Voluntary excess

14. Submission Sheet

14.1. New Mortgages

Properties to be sold

14.1.1. New Mortgage

Owners

Address 1

Address 2

Town

County

Postcode

Country

Lender

Submission route

Product

Repayment method

Is a repayment quote supplied?

Yes

No

Mortgage type

Scheme

Interest rate

Property value

Property type

Property style

Year built

Number of bedrooms

Monthly mortgage payment

Repayment amount

Interest only amount

Term years

Months

Loan to value

Lender fee

Has there been an agreement in principle?

Yes

No

AIP reference

Is the mortgage self certified?

Yes

No

Does this mortgage include debt consolidation?

Yes

No

Is this mortgage packaged?

Yes

No

Is this mortgage fast tracked?

Yes

No

Are 2 KFIs attached?

Yes

No

Date submitted

Deal and penalty details

Deal end date type

Deal end date

End date years

End date months

Penalty end date

Survey type

Solicitor

Reason for recommendation

14.1.1.1. Fees

Commission type

Gross amount

Commission type

Gross amount

14.1.1.2. Estate Agent

Name

Address 1

Address 2

Town

County

Postcode

Country

Contact name

Contact number

Role

Notes

14.1.2. New Mortgage

Owners

Address 1

Address 2

Town

County

Postcode

Country

Lender

Submission route

Product

Repayment
method

Is a repayment
quote supplied?

Yes

No

Mortgage type

Scheme

Interest rate

Property value

Property type

Property style

Year built	<input type="text"/>	
Number of bedrooms	<input type="text"/>	
Monthly mortgage payment	<input type="text"/>	
Repayment amount	<input type="text"/>	
Interest only amount	<input type="text"/>	
Term years	<input type="text"/>	Months <input type="text"/>
Loan to value	<input type="text"/>	
Lender fee	<input type="text"/>	
Has there been an agreement in principle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
AIP reference	<input type="text"/>	
Is the mortgage self certified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this mortgage include debt consolidation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this mortgage packaged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this mortgage fast tracked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are 2 KFIs attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date submitted	<input type="text"/>	
Deal and penalty details	<input type="text"/>	
Deal end date type	<input type="text"/>	
Deal end date	<input type="text"/>	
End date years	<input type="text"/>	
End date months	<input type="text"/>	
Penalty end date	<input type="text"/>	
Survey type	<input type="text"/>	

Solicitor

Reason for recommendation

14.1.2.1. Fees

Commission type

Gross amount

Commission type

Gross amount

14.1.2.2. Estate Agent

Name

Address 1

Address 2

Town

County

Postcode

Country

Contact name

Contact number

Role

Notes

14.2. New Secured Loans

14.2.1. New Secured Loan

Owners

Remortgaged property

Mortgage purpose

Lender

Submission route

Product

Repayment method

Is a repayment quote supplied? Yes No

Scheme

Interest rate

Property value

Monthly mortgage payment

Repayment amount

Interest only amount

Term years Months

Loan to value

Lender fee

Date submitted

Deal and penalty details

Does an early repayment charge (ERC) apply? Yes No

ERC details

Penalty end date

Reason for recommendation

14.2.1.1. Fees

Commission type

Gross amount	
Commission type	
Gross amount	

14.2.2. New Secured Loan

Owners	
Remortgaged property	
Mortgage purpose	
Lender	
Submission route	
Product	
Repayment method	

Is a repayment quote supplied? Yes No

Scheme			
Interest rate			
Property value			
Monthly mortgage payment			
Repayment amount			
Interest only amount			
Term years		Months	
Loan to value			
Lender fee			
Date submitted			

Deal and penalty details	
--------------------------	--

Does an early repayment charge (ERC) apply? Yes No

ERC details

--

Penalty end date

--

Reason for recommendation

--

14.2.2.1. Fees

Commission type

--

Gross amount

--

Commission type

--

Gross amount

--

14.3. New Multi-Benefit Policies

14.3.1. New Multi-Benefit Policy

Owners

--

Provider

--

Name

--

Premium

--

Frequency

--

Date submitted

--

Replacing previous policy?

Yes No

Previous policy number

--

Commission type

--

Indemnity period (months)

--

Commission fee

--

Linked policies

--

Reason for recommendation

--

14.3.2. New Multi-Benefit Policy

Owners

--

Provider

--

Name

--

Premium

--

Frequency

--

Date submitted

--

Replacing previous policy?

Yes No

Previous policy number

--

Commission type

--

Indemnity period (months)

--

Commission fee

--

Linked policies

--

Reason for recommendation

--

14.4. New Life Policies

Policies to cancel

--

14.4.1. New Life Policy

Provider

--

Policy type

--

Multi-benefit policy

--

Purpose	
Owners	
Lives assured	
Premium	
Frequency	
Life sum assured	
CIC/SIC sum assured	
CIC/SIC benefit type	
Term basis	
Term (to age)	
Term (years)	
Term (months)	
Date submitted	
Is this replacing a previous policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous policy no.	
Commission type	
Indemnity period (months)	
Commission fee	
Should the doctors details be included?	Yes <input type="checkbox"/> No <input type="checkbox"/>
First doctor name	
First doctor telephone	
Second doctor name	
Second doctor telephone	
Reason for recommendation	

14.4.2. New Life Policy

Provider	
Policy type	
Multi-benefit policy	

Purpose	
Owners	
Lives assured	
Premium	
Frequency	
Life sum assured	
CIC/SIC sum assured	
CIC/SIC benefit type	
Term basis	
Term (to age)	
Term (years)	
Term (months)	
Date submitted	
Is this replacing a previous policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous policy no.	
Commission type	
Indemnity period (months)	
Commission fee	
Should the doctors details be included?	Yes <input type="checkbox"/> No <input type="checkbox"/>
First doctor name	
First doctor telephone	
Second doctor name	
Second doctor telephone	
Reason for recommendation	

14.5. New Income Protection Policies

Policies to cancel	
--------------------	--

14.5.1. New Income Protection Policy

Provider		
Owners		
Lives assured		
Policy type		
Multi-benefit policy		
Term basis		
Term (to age)		
Term (years)		
Term (months)		
Source		
Premium		Frequency
Initial benefit		
Initial deferred period		
Additional benefit		
Additional deferred period		
Occupation cover		
Date submitted		
Commission type		
Indemnity period (months)		
Commission fee		
Reason for recommendation		

14.5.2. New Income Protection Policy

Provider		
Owners		
Lives assured		
Policy type		
Multi-benefit policy		
Term basis		
Term (to age)		
Term (years)		
Term (months)		

Source		
Premium		Frequency <input type="text"/>
Initial benefit		
Initial deferred period		
Additional benefit		
Additional deferred period		
Occupation cover		
Date submitted		
Commission type		
Indemnity period (months)		
Commission fee		
Reason for recommendation		

14.6. New General Insurance Policies

Policies to cancel	
--------------------	--

14.6.1. New General Insurance Policy

Insurer		
Policy type		
Owners		
Property		
Buildings		
Is accident damage included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contents		
Is accident damage included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are personal possessions included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is cycle cover included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is family legal protection included?

Yes

No

Premium

Frequency

Term (years)

Source

Buildings Excess

Contents Excess

Date submitted

Property type

Property style

Wall construction

Roof construction

No. of bedrooms

Year built

Commission fee

Reason for recommendation

14.6.2. New General Insurance Policy

Insurer

Policy type

Owners

Property

Buildings

Is accident damage included?

Yes

No

Contents

Is accident damage included?

Yes

No

Are personal possessions included?

Yes

No

Is cycle cover included?

Yes

No

Is family legal protection included?

Yes

No

Premium	<input type="text"/>	Frequency	<input type="text"/>
Term (years)	<input type="text"/>		
Source	<input type="text"/>		
Buildings Excess	<input type="text"/>		
Contents Excess	<input type="text"/>		
Date submitted	<input type="text"/>		
Property type	<input type="text"/>		
Property style	<input type="text"/>		
Wall construction	<input type="text"/>		
Roof construction	<input type="text"/>		
No. of bedrooms	<input type="text"/>		
Year built	<input type="text"/>		
Commission fee	<input type="text"/>		
Reason for recommendation	<input type="text"/>		

Summary & Declarations

Data Protection

The information you have provided is subject to the provisions of the Data Protection Act 2018 (the "Act"). Your data will be processed by manual and electronic means for the purposes of providing you with advice, and for the necessary administration and management required for us to carry out the job you have asked us to do (Performance of a Contract). Please ensure you have read our Terms and Conditions including the information we have provided in relation to how we will handle your personal data.

"Processing" includes obtaining, recording or holding information or data, transferring it to other companies associated with us, such as product providers, the FCA or any other statutory, governmental or regulatory body for legitimate purposes. These may include, where relevant, to solicitors and/or other debt collection agencies for debt collection purposes and carrying out operations on the information or data.

The information provided may also contain sensitive personal data for the purposes of the Act, being information as to your physical or mental health or condition; the commission or alleged commission of any offence by you; any proceedings for an offence committed or alleged to have been committed by you, including the outcome or sentence in such proceedings; your political opinions, religious or similar beliefs, sexual life; or your membership of a Trade Union.

Please tick this box to confirm your consent to us or any company associated with us processing any such sensitive personal data (required for insurance applications).

If at any time you wish us or any company associated with us to cease processing your personal data or sensitive personal data, or contacting you for marketing purposes, please inform us in writing. Subject to certain exceptions, you are entitled to have access to your personal and sensitive personal data held by us.

Client Declarations

Please ensure you read this document thoroughly. By signing this document, you confirm that the information contained is true and accurate to the best of your knowledge. You understand that the services being provided is based on this information so any errors or inaccuracies may adversely impact on the advice given.

- I confirm that the information I have provided is, to the best of my knowledge correct.
- I have provided this information understanding that it is used to form the basis of any advice and recommendations made to me and that I am not under any obligation to take up any recommendation made.
- I understand that recommendations may be made which involve a regular financial commitment or the investment of capital. Accordingly, I understand that I must be sure of the ability to meet that commitment having given consideration to all other expenditure, and the provision for any emergencies, which may require access to funds.
- I confirm that I have received a Business card and an Initial Disclosure Document.

I hereby authorise my adviser to utilise the personal information contained within this document in order to provide me with advice on my financial requirements. I authorise the adviser to pass on this information to any finance providers such as mortgage lenders and insurers for the

arrangement of suitable products.



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