



Mortgage Application Form

INTERMEDIARY STAMP

Sections 1-6 to be completed by the Intermediary only.

Important! Applications cannot be processed without full details below.

| | | | | | | | |
|---------|--|--|--|--|--|--|--|
| AIP REF | | | | | | | |
|---------|--|--|--|--|--|--|--|

1 INTERMEDIARY DETAILS

| | | | |
|-----------------------------------|--|--|----------|
| TMB Panel No. | <input style="width: 100%;" type="text"/> | | |
| Name of company/firm | <input style="width: 100%;" type="text"/> | | |
| Address | <input style="width: 100%;" type="text"/> | | |
| | <input style="width: 100%;" type="text"/> | | |
| | | | Postcode |
| Telephone/fax number | Tel | | |
| E-mail address | <input style="width: 100%;" type="text"/> | | |
| Your name | <input style="width: 100%;" type="text"/> | | |
| MCCB Code Registration/CML Number | <input style="width: 100%;" type="text"/> | | |
| TMB Packager Panel Number | <input style="width: 100%;" type="text"/> | | |
| Details | If any special conditions have been agreed with us, details of the agreement, the manager's name and the date must be given. | | |
| Manager's name | <input style="width: 100%;" type="text"/> | | |
| Date of Agreement | <input style="width: 100%;" type="text" value="(DD/MM/YY)"/> | | |

2 HOW ARE YOU SUBMITTING THIS APPLICATION?

Please tick one box

| | |
|--|---|
| <input type="checkbox"/> Direct to TMB <small>(please continue to Section 4)</small> | <input type="checkbox"/> Via a Master Broker <small>(please complete Section 3)</small> |
| <input type="checkbox"/> Direct to TMB - as a Network Member <small>(please complete Section 3)</small> | <input type="checkbox"/> Via a Life Company <small>(please complete Section 3)</small> |
| <input type="checkbox"/> Direct to TMB - under a Master Broker Scheme <small>(please complete Section 3)</small> | |

3 WHAT IS YOUR SOURCE OF INTRODUCTION? (Packager, Master Broker, Network, Life Company)

| | | | |
|----------------------|---|--|----------|
| Name | <input style="width: 100%;" type="text"/> | | |
| Name of company/firm | <input style="width: 100%;" type="text"/> | | |
| Address | <input style="width: 100%;" type="text"/> | | |
| | <input style="width: 100%;" type="text"/> | | |
| | | | Postcode |
| Telephone/fax number | Tel | | |
| E-mail address | <input style="width: 100%;" type="text"/> | | |

4 MONEY LAUNDERING

This section may only be completed by FSA authorised Intermediaries.
TMB will conduct all money laundering checks on behalf of all non-authorised representatives.

| | | | |
|----------------------------|---|---|--|
| FSA Authorisation Number | <input style="width: 100%;" type="text"/> | | |
| Was the verification taken | Face to Face <input type="checkbox"/> | Non Face to Face <input type="checkbox"/> | |

Applicant's Verification

| | First Applicant | Second Applicant |
|---------------------------------------|--|---|
| Item 1 | | |
| Type of name verification provided | <input type="text"/> | <input type="text"/> |
| Document Reference | <input type="text"/> | <input type="text"/> |
| Issuing office/organisation | <input type="text"/> | <input type="text"/> |
| Date of issue | <input type="text"/> | <input type="text"/> |
| Item 2 | | |
| Type of name verification provided | <input type="text"/> | <input type="text"/> |
| Document Reference | <input type="text"/> | <input type="text"/> |
| Issuing office/organisation | <input type="text"/> | <input type="text"/> |
| Date of issue | <input type="text"/> | <input type="text"/> |
| Item 3 | | |
| Type of address verification provided | <input type="text"/> | <input type="text"/> |
| Document Reference | <input type="text"/> | <input type="text"/> |
| Issuing office/organisation | <input type="text"/> | <input type="text"/> |
| Date of issue | <input type="text"/> | <input type="text"/> |
| Item 4 | | |
| Type of address verification provided | <input type="text"/> | <input type="text"/> |
| Document Reference | <input type="text"/> | <input type="text"/> |
| Issuing office/organisation | <input type="text"/> | <input type="text"/> |
| Date of issue | <input type="text"/> | <input type="text"/> |
| Declaration | I confirm I have seen the original documents. This application carries my full support and I recommend it to proceed. | |
| Signature/Date | <input type="text"/> | <input type="text" value="(DD/MM/YY)"/> |

When you, as Intermediary, collect information from the applicant(s) for the purposes of an application for a TMB mortgage, you become a data processor under the provisions of the 7th Data Protection Act principle and subject to our processing terms.

5 WHICH PRODUCT DOES YOUR CLIENT REQUIRE? (you may select more than one option)

| | | | | | | |
|---|---|--|--|--|---|--|
| Self 85% <input type="checkbox"/> 90% <input type="checkbox"/> | Salary Certification 85% <input type="checkbox"/> 90% <input type="checkbox"/> | Full Status <input type="text"/> % (Please insert Loan to Value required) | Flexi 85% <input type="checkbox"/> 95% <input type="checkbox"/> (Please refer to Section 14) | Next Move (Let to Buy) 85% <input type="checkbox"/> 95% <input type="checkbox"/> House to House (Buy to Let) 85% <input type="checkbox"/> (Please detail estimated rental income on Additional Information page) | Remortgage 85% <input type="checkbox"/> 95% <input type="checkbox"/> | Credit Repair 85% <input type="checkbox"/> 90% <input type="checkbox"/> |
|---|---|--|--|--|---|--|

Product Details

Provide details of the products to be used with this application.

| | Product 1 | Product 2 | Product 3 |
|-------------------------------------|----------------------|----------------------|----------------------|
| Type of product e.g. fixed, tracker | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Product term/end date | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Interest Rate charged | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Amount allocated to this product | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Product code (if known) | <input type="text"/> | <input type="text"/> | <input type="text"/> |

6 INSURANCE REQUIREMENTS

The property must be insured. We will contact your client with details of our general insurance products and provide no obligation quotes, unless insurance has already been arranged.

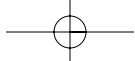
Has insurance already been arranged?

| | | | | |
|-------------------------------------|------------------------------|-----------------------------|---------|----------------------|
| Buildings | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Company | <input type="text"/> |
| Contents | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Company | <input type="text"/> |
| Accident, sickness and unemployment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Company | <input type="text"/> |

Remaining sections of the form are to be completed by the applicant(s).

7 CUSTOMER INFORMATION

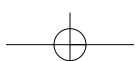
| | First Applicant | Second Applicant |
|--|--|--|
| Roll number of existing TMB mortgage | <input type="text"/> | <input type="text"/> |
| Title Mr/Mrs/Miss/Ms/Dr/Other | <input type="text"/> | <input type="text"/> |
| First Names(s) | <input type="text"/> | <input type="text"/> |
| Surname | <input type="text"/> | <input type="text"/> |
| Previous forename/surname | <input type="text"/> | <input type="text"/> |
| Date of name change | <input type="text"/> | <input type="text"/> |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Date of Birth | (DD/MM/YY) <input type="text"/> | (DD/MM/YY) <input type="text"/> |
| Marital Status | Married <input type="checkbox"/> Single <input type="checkbox"/> Living with partner <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> | Married <input type="checkbox"/> Single <input type="checkbox"/> Living with partner <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> |
| National Insurance Number | <input type="text"/> | <input type="text"/> |
| How many dependent children do you have? | <input type="text"/> | <input type="text"/> |
| Nationality | <input type="text"/> | <input type="text"/> |
| Country of residence | <input type="text"/> | <input type="text"/> |
| Work telephone number | <input type="text"/> | <input type="text"/> |
| Home telephone number | <input type="text"/> | <input type="text"/> |
| Mobile telephone number | <input type="text"/> | <input type="text"/> |
| Fax number | <input type="text"/> | <input type="text"/> |
| E-mail address | <input type="text"/> | <input type="text"/> |
| Who is the most appropriate person to contact? | <input type="text"/> | <input type="text"/> |
| What is the best time to contact? | <input type="text"/> | <input type="text"/> |
| Current address | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | Postcode <input type="text"/> | Postcode <input type="text"/> |
| Date moved to current address | (DD/MM/YY) <input type="text"/> | (DD/MM/YY) <input type="text"/> |
| If less than 3 years at this address, please also complete Previous Address details overleaf. | | |
| Current residential status | Homeowner <input type="checkbox"/> Renting (Private) <input type="checkbox"/> Renting (Council) <input type="checkbox"/> Family/Friend <input type="checkbox"/> | Homeowner <input type="checkbox"/> Renting (Private) <input type="checkbox"/> Renting (Council) <input type="checkbox"/> Family/Friend <input type="checkbox"/> |
| Customer type | First Time Buyer <input type="checkbox"/> Remortgage <input type="checkbox"/> Existing TMB Mortgage Customer <input type="checkbox"/> Homemover <input type="checkbox"/> | First Time Buyer <input type="checkbox"/> Remortgage <input type="checkbox"/> Existing TMB Mortgage Customer <input type="checkbox"/> Homemover <input type="checkbox"/> |
| Will any existing residential mortgage be repaid within one month of completion? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If 'No' please give details in the Additional Information section at the back of this form. | | |

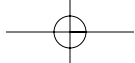


| | First Applicant | Second Applicant |
|--|--|--|
| Previous Address | | |
| First previous address in last three years | | |
| | Postcode | Postcode |
| Date moved to current address | (DD/MM/YY) | (DD/MM/YY) |
| Previous residential status | Homeowner <input type="checkbox"/> Renting (Private) <input type="checkbox"/> Renting (Council) <input type="checkbox"/> Family/Friend <input type="checkbox"/> | Homeowner <input type="checkbox"/> Renting (Private) <input type="checkbox"/> Renting (Council) <input type="checkbox"/> Family/Friend <input type="checkbox"/> |
| If total history is still less than 3 years, please give details in the Additional Information section. | | |

8 EMPLOYMENT/SELF-EMPLOYMENT DETAILS

| | First Applicant | Second Applicant |
|---|--|--|
| Number of jobs classed as main income? | | |
| If more than one, please provide details in the Additional Information section at the back of this form. | | |
| What type of employment are you in? e.g. sales, office, professional, trade | | |
| What is your position? | | |
| Contract type | Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Subcontract <input type="checkbox"/> Seasonal/temp <input type="checkbox"/> Fixed/short term <input type="checkbox"/> Agency <input type="checkbox"/> | Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Subcontract <input type="checkbox"/> Seasonal/temp <input type="checkbox"/> Fixed/short term <input type="checkbox"/> Agency <input type="checkbox"/> |
| Start date with employer | (DD/MM/YY) | (DD/MM/YY) |
| Name of person we should contact for reference | | |
| Are you self-employed? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Percentage of shareholding or partnership interest | % | % |
| What year did you acquire an interest in the business? | (YYYY) | (YYYY) |
| How long has the business been established? | | |
| Does the business have accounts? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| What is your anticipated retirement age? | | |
| If this is before the end of the mortgage term please provide details of how you will meet your mortgage repayments in the Additional Information section at the back of this form. | | |
| Employer's/business telephone number | | |
| Employer's/business fax number | | |
| Name of employer/business | | |
| Employer's/business address | | |
| | Postcode | Postcode |
| Do you have any other income? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Previous Employment | If the previous sections do not cover a 12 month history, please complete this section. | |
| Start date of employment | (DD/MM/YY) | (DD/MM/YY) |
| End date of employment | | |
| What type of employment was this? e.g. sales, office, professional, trade | | |
| If total employment history is still less than 12 months, please provide details in the Additional Information section at the back of this form. | | |





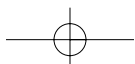
| Accountant's details (self-employed only) | First Applicant | Second Applicant |
|---|----------------------|----------------------|
| Accountant's telephone number | <input type="text"/> | <input type="text"/> |
| Accountant's fax number | <input type="text"/> | <input type="text"/> |
| Name of Accountant | <input type="text"/> | <input type="text"/> |
| Name of company/firm | <input type="text"/> | <input type="text"/> |
| Address | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | Postcode | Postcode |
| Accountant's reference <small>This could be a name or a number</small> | <input type="text"/> | <input type="text"/> |
| Accountant's qualifications | <input type="text"/> | <input type="text"/> |

9 INCOME DETAILS

| | First Applicant | Second Applicant |
|---|---|--|
| I confirm that my total personal income is as stated below and is sufficient to service the loan requested. | | |
| Total personal income | £ <input type="text"/> per annum | £ <input type="text"/> per annum |
| Signature(s) | <input type="text"/> | <input type="text"/> |
| Date | (DD/MM/YY) <input type="text"/> | (DD/MM/YY) <input type="text"/> |
| Your Income | Do not complete if applying on a Self-Certification basis. | |
| Salaried applicants – Basic annual gross salary | £ <input type="text"/> | £ <input type="text"/> |
| Annual regular overtime | £ <input type="text"/> | £ <input type="text"/> |
| Annual guaranteed bonus | £ <input type="text"/> | £ <input type="text"/> |
| Commission | £ <input type="text"/> | £ <input type="text"/> |
| Self-Employed applicants – share of net profit for the last 3 years | Year <input type="text"/> £ <input type="text"/> | Year <input type="text"/> £ <input type="text"/> |
| | Year <input type="text"/> £ <input type="text"/> | Year <input type="text"/> £ <input type="text"/> |
| | Year <input type="text"/> £ <input type="text"/> | Year <input type="text"/> £ <input type="text"/> |
| Do you pay UK tax? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If 'No', please state the reason for this in the Additional Information section at the back of this form. | |
| Other Incomes | If you do not have any other income, move to the section below. | |
| Please describe other income | <input type="text"/> | <input type="text"/> |
| What is the annual amount before tax? | £ <input type="text"/> | £ <input type="text"/> |
| Frequency paid | <input type="text"/> | <input type="text"/> |
| | If any other additional income please provide details in the Additional Information section at the back of this form. | |

10 PERSONAL FINANCES

| | | | | |
|---|---|--|---|---|
| Cards held | Cheque guarantee/ Switch card <input type="checkbox"/> | VISA/ MasterCard <input type="checkbox"/> | Amex/ Diners Club <input type="checkbox"/> | Store card/ Other cards <input type="checkbox"/> |
| Accounts held | Current Account <input type="checkbox"/> | Bank or other loans <input type="checkbox"/> | Savings Account <input type="checkbox"/> | |
| How long have you had a bank/building society account? | <input type="text"/> years <input type="text"/> months | | | |



11 COMMITMENTS

| | Commitment 1 | Commitment 2 | Commitment 3 |
|--|---|---|---|
| Type of commitment <small>e.g. Personal Loan, credit card, 'buy now, pay later', student loan, maintenance, include details of all credit cards, even if balance paid in full each month.</small> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Whose commitment is it? | 1st app <input type="checkbox"/> 2nd app <input type="checkbox"/> Both <input type="checkbox"/> | 1st app <input type="checkbox"/> 2nd app <input type="checkbox"/> Both <input type="checkbox"/> | 1st app <input type="checkbox"/> 2nd app <input type="checkbox"/> Both <input type="checkbox"/> |
| Name of lender | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Monthly payment | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Amount outstanding | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Date of final payment | (DD/MM/YY) <input type="text"/> | (DD/MM/YY) <input type="text"/> | (DD/MM/YY) <input type="text"/> |
| If you are in arrears, please state the number of months | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Do you intend to repay this commitment on completion of the mortgage? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Commitment 4 | Commitment 5 | Commitment 6 |
| Type of commitment <small>e.g. Personal Loan, credit card, 'buy now, pay later', student loan, maintenance, include details of all credit cards, even if balance paid in full each month.</small> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Whose commitment is it? | 1st app <input type="checkbox"/> 2nd app <input type="checkbox"/> Both <input type="checkbox"/> | 1st app <input type="checkbox"/> 2nd app <input type="checkbox"/> Both <input type="checkbox"/> | 1st app <input type="checkbox"/> 2nd app <input type="checkbox"/> Both <input type="checkbox"/> |
| Name of lender | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Monthly payment | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Amount outstanding | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Date of final payment | (DD/MM/YY) <input type="text"/> | (DD/MM/YY) <input type="text"/> | (DD/MM/YY) <input type="text"/> |
| If you are in arrears, please state the number of months | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Do you intend to repay this commitment on completion of the mortgage? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you have more commitments, please provide details in the Additional Information section at the back of this form.

12 PAYMENT HISTORY

| | | | | |
|--|--|--|----------------------|----------------------|
| Have you ever been in arrears by more than 1 month on a loan agreement or mortgage, been declared bankrupt, had a court order for debt registered against you, made arrangements with creditors or had a property repossessed? | First Applicant | Second Applicant | | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If 'Yes', please provide details on the table below. | | | | |
| Name of Company | Type i.e. CCJ or Default | Amount | Date Registered | Date Satisfied |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Please Note: TMB undertake full credit reference searches on all applicants. Non-disclosure of information could affect the decision on your application. | | | | |
| Additional Information <input style="width:100%; height: 40px;" type="text"/> | | | | |
| If necessary continue on the Additional Information section at the back of this form. | | | | |

13 DETAILS OF MORTGAGE REQUIRED

| | |
|---|--|
| Purchase price of property | <input style="width:90%;" type="text"/> |
| Cost of improvements you intend to make | £ <input style="width:90%;" type="text"/> |
| Amount of loan required | £ <input style="width:90%;" type="text"/> |
| Loan period | <input style="width:90%;" type="text"/> years |
| Are legal fees to be added to the loan? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Source of deposit

In what area do you intend to purchase? Scotland & N Ireland North North West East Midlands South Wales & West
 Greater London South East North East South West West Midlands

Repayment type Investment Backed (Interest only) Capital and Interest
 Part Investment Backed (Interest only)/Part Capital and Interest Split required/Other

Investment Backed (Interest only) amount
 Give details of new or existing plans or policies to be used with the investment backed (interest only) part of this mortgage.

| ISA | Pension | Endowment | Other | Total |
|------------------------|------------------------|------------------------|------------------------|------------------------|
| £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |

Total monthly premiums

What is your preferred mortgage payment date? (DD) Dates available 1st - 28th of the month.
 If no date is specified, a payment date of the 1st of the month will be assumed.

14 FLEXIBLE PAYMENT/DRAWDOWN OPTION

(If you are applying for one of our Flexi Products you can request a credit limit which, subject to approval, could be used for any purpose. The first portion of this will be used for the purchase/remortgage of your property. Please ask your financial advisor to provide you with full details of the options available with certain schemes.)

Do you require a specific credit limit? Yes If 'Yes', please state credit limit required £
 No If 'No', your current limit will be set, subject to income, at 70% LTV which will not incur Additional Mortgage Security.

Note: FOR JOINT BORROWERS ONLY Please note that under the Flexi Products any one of you will be able to request any of the product features. Drawdowns will be paid by direct credit to the bank account from which mortgage payments are being made. Equally, either of you may request withdrawal of the Flexible Payment Option. Please Note: Our AMS Fee will be calculated based upon the credit limit allocated.

15 DETAILS OF PROPERTY TO BE MORTGAGED

Full postal address

 Postcode

Remortgage details **If you are NOT applying for a remortgage, move to the Accommodation section on page 10.**

Original purchase price

Year of original purchase

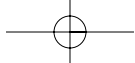
What are you using the funds for?

Estimated current value of your existing property
 Please provide details of any improvements you have made to the property (including estimated costs).

£

Outstanding mortgage amount

Have your home or nearby buildings been damaged by subsidence, heave, landslip or does it show any signs of cracking or bulging? Yes No



Are there any repayment fees applicable to your existing mortgage? Yes No

If yes, is the loan sufficient to cover these fees? Yes No

Is the property in the same name as the new mortgage? Yes No

Have you been advised if a deed of postponement or ranking agreement is needed? Yes No

Other Secured Lending

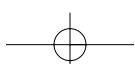
| | Loan 1 | Loan 2 | Loan 3 |
|---------------------------|--|--|--|
| Name of lender | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Account number | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| To be repaid or postponed | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

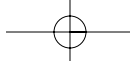
16 CURRENT LENDER/LANDLORD

| | First Applicant | Second Applicant |
|---|--|--|
| | If you do not currently have a mortgage or tenancy agreement, move to Previous Lender/Landlord Section 17. | |
| Residential status | Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/> | Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/> |
| Lender's/Landlord's name and address | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| | Postcode | Postcode |
| Telephone number | <input type="text"/> | <input type="text"/> |
| Fax number | <input type="text"/> | <input type="text"/> |
| Existing account number | <input type="text"/> | |
| When did the mortgage/tenancy start? | <input type="text"/> (DD/MM/YY) | <input type="text"/> |
| Highest number of months in arrears in the last 12 months | <input type="text"/> | <input type="text"/> |
| Amount outstanding | £ <input type="text"/> | £ <input type="text"/> |
| Has your mortgage been DSS assisted in the last 12 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Year purchased | <input type="text"/> (YYYY) | <input type="text"/> (YYYY) |
| Amount of original loan | £ <input type="text"/> | £ <input type="text"/> |
| What is the estimated value of your existing property? | £ <input type="text"/> | £ <input type="text"/> |
| If renting, how did you pay your rent? e.g. standing order/cash | <input type="text"/> | <input type="text"/> |
| Monthly rent | £ <input type="text"/> | £ <input type="text"/> |

17 PREVIOUS LENDER/LANDLORD

| | First Applicant | Second Applicant |
|---|---|--|
| | If the previous sections do not cover a 12 month history, please complete this section. | |
| Residential status | Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/> | Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/> |
| Lender's/Landlord's name and address | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| | Postcode | Postcode |
| Highest number of months in arrears in the last 12 months | <input type="text"/> | |
| When did the mortgage/tenancy start? | <input type="text"/> (DD/MM/YY) | <input type="text"/> (DD/MM/YY) |
| What date did this finish? | <input type="text"/> (DD/MM/YY) | <input type="text"/> (DD/MM/YY) |
| If renting, how did you pay your rent? e.g. standing order/cash | <input type="text"/> | <input type="text"/> |





If the previous sections do not cover a 12 month history, please complete this section.

| | | |
|--|--|--|
| Residential status | Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/> | Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/> |
| Lender's/Landlord's name and address | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| | Postcode | Postcode |
| Highest number of months in arrears in the last 12 months | <input style="width: 100%;" type="text"/> | |
| When did the mortgage/tenancy start? | (DD/MM/YY) <input style="width: 100%;" type="text"/> | (DD/MM/YY) <input style="width: 100%;" type="text"/> |
| What date did this finish? | (DD/MM/YY) <input style="width: 100%;" type="text"/> | (DD/MM/YY) <input style="width: 100%;" type="text"/> |
| If renting, how did you pay your rent? e.g. standing order/cash | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

If total residency is still less than 12 months, please continue using the Additional Information section at the back of this form.

18 ACCOMMODATION

Please provide the following details about the property

| | | |
|--------------------------|---------------------------|----------------------------|
| Number of bedrooms | Number of bathrooms | Number of separate toilets |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of living rooms | Number of habitable rooms | |
| <input type="checkbox"/> | <input type="checkbox"/> | |

Does the property have central heating? Full Part None

Central heating type? Gas Electricity Oil Solid fuel Other

A conservatory? Yes No

How many cars can be garaged?

Off road parking? Yes No

A garden? Yes No Number of acres

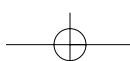
Will the property be used for business purposes? Yes No

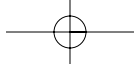
Will the property be let? Yes No

If 'Yes', please give details in the Additional Information section at the back of this form.

19 PROPERTY

| | | | | |
|--|---|---|---|--|
| Type of property | House <input type="checkbox"/> | Bungalow <input type="checkbox"/> | Converted flat <input type="checkbox"/> | Purpose built flat <input type="checkbox"/> |
| Detachment type | Detached <input type="checkbox"/> | Semi-detached <input type="checkbox"/> | End terrace <input type="checkbox"/> | Mid terrace <input type="checkbox"/> |
| If the property is a flat, number of floors in the block | <input style="width: 100%;" type="text"/> | | | |
| Which floor is the flat on? | <input style="width: 100%;" type="text"/> | | | |
| Purchase type | Personal <input type="checkbox"/> | Sitting tenant <input type="checkbox"/> | Inheritance <input type="checkbox"/> | Gift <input type="checkbox"/> Other <input type="checkbox"/> |
| Age of property | <input style="width: 100%;" type="text"/> years | | | |
| Builder's name | <input style="width: 100%;" type="text"/> | | | |
| Who is selling the property? | <input style="width: 100%;" type="text"/> | | | |
| Do you currently own the property? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Do you currently live at the property? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Will anyone else live at the property? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| How much of the property will you occupy within 12 months of purchase? | All <input type="checkbox"/> | Part <input type="checkbox"/> | None <input type="checkbox"/> | |
| Does the block include business premises? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |





20 LEGAL TITLE

What is the tenure of the property? Freehold Feudal Leasehold Remaining term of lease (if leasehold) years

How much will the following be? (if applicable) Annual ground rent £ Annual chief rent or feu duty (Scotland) £ Annual service charge £

Entry date - Scotland only (DD/MM/YY)

21 NEWLY BUILT PROPERTIES

If a new property is being purchased please confirm the Building Standards Indemnity Scheme NHBC Zurich Municipal Premiere Guarantee Consultant Monitored None

Is there a road charge liability? Yes No

22 ACCESS TO THE PROPERTY

Valuation type Mortgage Valuation Survey and valuation

Name and address of estate agent

 Postcode

Selling agent (if different - alternatively, please state if private sale)

Daytime telephone number

Evening telephone number

23 DETAILS OF YOUR CONVEYANCER

Name of company/firm

Address
 Postcode

Conveyancer's name

Telephone number

Fax number

24 OTHER OCCUPANTS

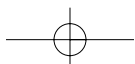
Please give the names of anybody aged seventeen or over and not party to the mortgage who will live at the property.

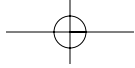
First name(s)

Surname

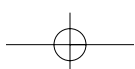
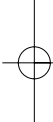
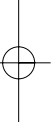
First name(s)

Surname





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26 DECLARATION AND AUTHORITY

All applicants should read and sign this Declaration.

I declare to The Mortgage Business plc and to the Lender (if different) [in each case "the Lender"] the following:

1. The information given in this application and supporting documentation is true and complete to the best of my knowledge and belief and contains no material omission.
2. I authorise the Lender or its Agent to instruct Valuers to carry out a valuation of the property and enclose payment to cover the valuation charge, and understand that this amount will include an administration fee of £60.
I understand that this amount will not be returnable after the valuation has been carried out.
3. If the loan is made to joint applicants each will be liable to the Lender for the full amount of the loan.
4. I will notify you of any changes in circumstances relating to my purchase or mortgage before it is entered into and I authorise my conveyancer to disclose such information to you.
5. I acknowledge that the Lender may at its sole discretion transfer the loan and any related security, or the benefit of all or any of them, or grant security to any other party over them or the benefit of all or any of them without notice to me, and in so far as my consent may at any time be required I hereby irrevocably consent to such a transfer or grant. I also agree that the Lender may supply any information or documents at any time to any person or company with whom it is considering entering into any contractual arrangements for the assignment, mortgage or other dealing affecting the loan or related security, or to the provider of any funds to the Lender in connection with the loans made by it and any such person, company or provider may rely on the truth and accuracy of the information contained in this application.
6. I consent to the Lender providing their acting Solicitors with the mortgage application form or a copy thereof.
7. I declare that the property will be used as my sole main residence and no part will be used for business purposes. I further undertake not to enter into any letting arrangements without the prior consent of the Lender.
8. I agree that whilst you are considering an application, you may use the information I supplied to you to offer me additional products.
9. I acknowledge that if I state a financial association with another person, I declare that I am entitled to provide information about my joint applicant and anyone else I mention. I also declare that they authorise you to search, link and/or record information about them at credit reference agencies.
Sole named applications – I note that information held about me by the credit reference agencies may already be linked to records relating to one or more of my partners. During this application I may be treated as financially linked and my application may be assessed with reference to any "associated" records.
10. I agree that you will search credit reference agency files for credit information in assessing my application. The agency will also give you other details and information from the Electoral Register to verify my identity. The agency will keep a record of the search type (credit or identification), whether or not my application proceeds. You may use automated credit assessment to review my application and verify my identity. Members of your group and other companies may use credit searches and other information supplied to them or the credit reference agencies about me and someone linked financially with me, to make credit decisions about me or other members of my household. Any of this information may also be used for identification purposes, debt tracing, preventing money laundering and managing my account. You may give details of my account and how I conduct it to credit reference agencies. If I borrow and do not repay in full and on time, you may tell credit reference agencies who will record the outstanding debt.

The Mortgage Business plc subscribes to The Mortgage Code and we encourage all intermediaries recommending our products to adopt the code and abide by its provisions.

The Mortgage Business plc is a member of the General Insurance Standards Council (GISC). We have agreed to comply with the GISC Private Customer Code, copies of which are available on request.

IMPORTANT: The Mortgage Business plc will consider your mortgage application based on the mortgage product you have selected and the information we supply to you before any advance is made will relate to this product only.

Loans must be secured by a first mortgage on a residential property in England, Wales and Northern Ireland or mainland Scotland.

YOUR HOME IS AT RISK IF YOU DO NOT KEEP UP REPAYMENTS ON A MORTGAGE OR OTHER LOAN SECURED ON IT.

CIFAS

We will check your details with fraud prevention agencies. If you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may use and search these records to help:

- Make decisions about credit and related services for you and members of your household;
- Make decisions on motor, household, credit, life and other insurance proposals and insurance claims, for you and members of your household;
- Trace debtors, recover debt, prevent fraud and to manage your accounts or insurance policies;
- Check your identity to prevent money laundering, unless you provide us with other satisfactory proof of identity.

Data Protection Act

Any information you provide will be held by The Mortgage Business plc which is a Halifax and Bank of Scotland Group Company (HBOS plc). Members of the HBOS Group of Companies may use it to inform you by letter, telephone, e-mail or otherwise about any products and services offered by our Group and selected third parties, unless you have asked us not to do so.

It is important to read the small print on your application form and to refer to "About You, Personal Information and how we use it" and be aware of how your data may be used. By signing your application you agree that we can use your information in the ways described.

27 IMPORTANT – YOUR SIGNATURE(S)

Before signing please ensure you have read the Data Protection Act Notice above.

Do not sign this form unless you are satisfied that the contents are accurate. UNDER NO CIRCUMSTANCES SHOULD YOU SIGN THE FORM IF BLANK. The contents of this form will be the basis of any contract between you and The Mortgage Business plc and in signing you are certifying that the information including any additional information attached, is correct.

Signature(s)

| | |
|--------------|-------|
| Applicant 1: | Date: |
| Applicant 2: | Date: |
| Applicant 3: | Date: |
| Applicant 4: | Date: |



Submission Checklist

- Have all sections been fully completed?
- Has the Direct Debit mandate been completed and signed?
- Have all applicants signed?
- Are all applicable fees enclosed?
- Has the correct product been clearly identified?
- Are all supporting documents attached?
 - Proof of residency
 - Statements (Bank/Lenders)*
 - P60s and 3 months wage slips*
 - Accounts*

*Where applicable.