

## INTERMEDIARY DETAILS

Intermediary Name	
Company Name	
FCA Status	Directly Authorised <input type="checkbox"/> Appointed Representative <input type="checkbox"/>
FCA Number	
Registered Address	
Principal FCA Number/Name	/
Is sale advised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How was the sale made?	Face to face <input type="checkbox"/> Non face to face <input type="checkbox"/>
Name of Network	
Name of Mortgage Club	

## PRE-REQUISITE QUESTIONS

Does the application meet the following minimum standards?	Tick boxes below	Notes
Has the applicant(s) previously been convicted of fraud, terrorism, organised crime, money laundering, arson or possession or supply of drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the property in Northern Ireland?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the property require a stage build mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the property subject to shared ownership/ shared equity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the property meet the security criteria?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this a Consumer BTL Application?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do all Applicants have a valid work permit or statutory ability to be employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do any of the applicants have Diplomatic Immunity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the applicant(s) previously been party to a mortgaged property that has been repossessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## LOAN DETAILS

Applicant Type	Individual <input type="checkbox"/>	Ltd Co. <input type="checkbox"/>
Loan Type	BTL <input type="checkbox"/>	
Loan Purpose	Purchase <input type="checkbox"/>	Remortgage <input type="checkbox"/>
First-Time Landlord?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Estimated Value/Purchase Price	£	
Loan Amount	£	
Anticipated Monthly Rental Income	£	
Term	Years	Months
Repayment Type	<input type="checkbox"/> Interest Only	<input type="checkbox"/> Repayment <input type="checkbox"/> Part & Part
Interest Only Amount (if Part & Part)	£	
Are any of the applicants a higher rate tax payer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Product and Rate		

## SOURCE OF DEPOSIT

If purchase, please provide the source and amount of deposit								
Savings	Sale of Existing Property	Sale of Shares/ Investments	Inheritance	Family Gifted Deposit	Equity Gifted Deposit	Builder Vendor Deposit	Personal/ Secured Loan	Capital raising from another property
£	£	£	£	£	£	£	£	£
Other (if other, please provide details)								

If remortgage, how are funds being used?								
Debt Consolidation	Repay Existing Mortgage	Home Improvements	Holiday	Car Purchase	Invest in / Purchase Business	Buy to Let Investment	Holiday Home	Purchase Equity
£	£	£	£	£	£	£	£	£
Other (if other, please provide details)								

## LIMITED COMPANY BTL

Is this a Limited Company BTL? If so, please confirm Company Details.	
Limited Company Name	
Registered Number	
Trading Since (mm/yy)	
Company Registered Office Address:	
Company Correspondence Address:	

## APPLICANT DETAILS

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
Title				
First Name				
Middle Name				
Surname				
Date of Birth	/ /	/ /	/ /	/ /
National Insurance Number				
Estimated Retirement Age				
Gender				
Nationality				
Permanent Right to Reside in the UK	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Length of Residency	Years:    Months:	Years:    Months:	Years:    Months:	Years:    Months:
From Birth	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diplomatic Immunity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

# DATA CAPTURE FORM BTL

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
Marital Status				
If any applicant has been known by another name in the last 6 years, please provide full details (including title)				

Limited Company app only				
Company Name				
Role within the Company				
% Shareholding				
Primary Contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## CONTACT DETAILS

	Applicant 1	Applicant 2
Home Telephone Number		
Work Telephone Number		
Mobile Telephone Number		
Email Address		
Preferred method of contact		
	Applicant 3	Applicant 4
Home Telephone Number		
Work Telephone Number		
Mobile Telephone Number		
Email Address		
Preferred method of contact		

## CURRENT AND PREVIOUS ADDRESSES APP 1 & 2

		Applicant 1	Applicant 2
<b>Current Address</b>	Address Line 1		
	Address Line 2		
	County		
	Postcode		
	Length of time at this address	Years:                      Months:	Years:                      Months:
	Residential Status at this address (choose one)	Owner with Mortgage <input type="checkbox"/>	Owner with Mortgage <input type="checkbox"/>
		Owner without Mortgage <input type="checkbox"/>	Owner without Mortgage <input type="checkbox"/>
		Renting - Private Landlord <input type="checkbox"/>	Renting - Private Landlord <input type="checkbox"/>
		Renting - Local Authority/ Social Landlord <input type="checkbox"/>	Renting - Local Authority/ Social Landlord <input type="checkbox"/>
		Renting - Letting Agent <input type="checkbox"/>	Renting - Letting Agent <input type="checkbox"/>
		Living with Relatives <input type="checkbox"/>	Living with Relatives <input type="checkbox"/>
		Living with Friends <input type="checkbox"/>	Living with Friends <input type="checkbox"/>

# DATA CAPTURE FORM BTL

Previous Address	Address Line 1		
	Address Line 2		
	County		
	Postcode		
	Length of time at this address	Years:                      Months:	Years:                      Months:
	Residential Status at this address (choose one)	Owner with Mortgage <input type="checkbox"/>	Owner with Mortgage <input type="checkbox"/>
		Owner without Mortgage <input type="checkbox"/>	Owner without Mortgage <input type="checkbox"/>
		Renting - Private Landlord <input type="checkbox"/>	Renting - Private Landlord <input type="checkbox"/>
		Renting - Local Authority/ Social Landlord <input type="checkbox"/>	Renting - Local Authority/ Social Landlord <input type="checkbox"/>
		Renting - Letting Agent <input type="checkbox"/>	Renting - Letting Agent <input type="checkbox"/>
		Living with Relatives <input type="checkbox"/>	Living with Relatives <input type="checkbox"/>
		Living with Friends <input type="checkbox"/>	Living with Friends <input type="checkbox"/>
Previous Address	Address Line 1		
	Address Line 2		
	County		
	Postcode		
	Length of time at this address	Years:                      Months:	Years:                      Months:
	Residential Status at this address (choose one)	Owner with Mortgage <input type="checkbox"/>	Owner with Mortgage <input type="checkbox"/>
		Owner without Mortgage <input type="checkbox"/>	Owner without Mortgage <input type="checkbox"/>
		Renting - Private Landlord <input type="checkbox"/>	Renting - Private Landlord <input type="checkbox"/>
		Renting - Local Authority/ Social Landlord <input type="checkbox"/>	Renting - Local Authority/ Social Landlord <input type="checkbox"/>
		Renting - Letting Agent <input type="checkbox"/>	Renting - Letting Agent <input type="checkbox"/>
		Living with Relatives <input type="checkbox"/>	Living with Relatives <input type="checkbox"/>
		Living with Friends <input type="checkbox"/>	Living with Friends <input type="checkbox"/>
Additional Address Information			

**Additional Notes:**

## CURRENT AND PREVIOUS ADDRESSES APP 3 & 4

		Applicant 3	Applicant 4
<b>Current Address</b>	Address Line 1		
	Address Line 2		
	County		
	Postcode		
	Length of time at this address	Years:                      Months:	Years:                      Months:
	Residential Status at this address (choose one)	Owner with Mortgage <input type="checkbox"/>	Owner with Mortgage <input type="checkbox"/>
		Owner without Mortgage <input type="checkbox"/>	Owner without Mortgage <input type="checkbox"/>
		Renting - Private Landlord <input type="checkbox"/>	Renting - Private Landlord <input type="checkbox"/>
		Renting - Local Authority/ Social Landlord <input type="checkbox"/>	Renting - Local Authority/ Social Landlord <input type="checkbox"/>
		Renting - Letting Agent <input type="checkbox"/>	Renting - Letting Agent <input type="checkbox"/>
		Living with Relatives <input type="checkbox"/>	Living with Relatives <input type="checkbox"/>
		Living with Friends <input type="checkbox"/>	Living with Friends <input type="checkbox"/>

# DATA CAPTURE FORM BTL

Previous Address	Address Line 1		
	Address Line 2		
	County		
	Postcode		
	Length of time at this address	Years:                      Months:	Years:                      Months:
	Residential Status at this address (choose one)	Owner with Mortgage <input type="checkbox"/>	Owner with Mortgage <input type="checkbox"/>
		Owner without Mortgage <input type="checkbox"/>	Owner without Mortgage <input type="checkbox"/>
		Renting - Private Landlord <input type="checkbox"/>	Renting - Private Landlord <input type="checkbox"/>
		Renting - Local Authority/ Social Landlord <input type="checkbox"/>	Renting - Local Authority/ Social Landlord <input type="checkbox"/>
		Renting - Letting Agent <input type="checkbox"/>	Renting - Letting Agent <input type="checkbox"/>
		Living with Relatives <input type="checkbox"/>	Living with Relatives <input type="checkbox"/>
		Living with Friends <input type="checkbox"/>	Living with Friends <input type="checkbox"/>
Previous Address	Address Line 1		
	Address Line 2		
	County		
	Postcode		
	Length of time at this address	Years:                      Months:	Years:                      Months:
	Residential Status at this address (choose one)	Owner with Mortgage <input type="checkbox"/>	Owner with Mortgage <input type="checkbox"/>
		Owner without Mortgage <input type="checkbox"/>	Owner without Mortgage <input type="checkbox"/>
		Renting - Private Landlord <input type="checkbox"/>	Renting - Private Landlord <input type="checkbox"/>
		Renting - Local Authority/ Social Landlord <input type="checkbox"/>	Renting - Local Authority/ Social Landlord <input type="checkbox"/>
		Renting - Letting Agent <input type="checkbox"/>	Renting - Letting Agent <input type="checkbox"/>
		Living with Relatives <input type="checkbox"/>	Living with Relatives <input type="checkbox"/>
		Living with Friends <input type="checkbox"/>	Living with Friends <input type="checkbox"/>
Additional Address Information			

**Additional Notes:**



## EMPLOYMENT

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
<b>Employed Occupation &amp; Income</b>				
Full-time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation				
Start date of employment (mm/yy)	/	/	/	/
Basic salary	£	£	£	£
Overtime	£	£	£	£
Commission	£	£	£	£
Bonus	£	£	£	£
Allowance	£	£	£	£

<b>Secondary Income (Employed)</b>				
Full-time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation				
Start date of employment (mm/yy)	/	/	/	/
Basic salary	£	£	£	£
Overtime	£	£	£	£
Commission	£	£	£	£
Bonus	£	£	£	£
Allowance	£	£	£	£

Secondary Income (Contract)				
Employment Status				
More than 25% shareholding of Company?				
Full-time?				
Fixed-contract?				
Has contract been previously renewed?				
Will contract be renewed or has alternative been secured?				

Primary Self-Employment - please provide your confirmed income for at least 1 years (please provide 2 years of confirmed income if available)				
Occupation				
Date Commenced Trading (mm/yy)				
Percentage of Business Owned	%	%	%	%
Earned income	£	£	£	£
Year Ending (mm/yy)	/	/	/	/
Earned income	/	/	/	/
Year Ending (mm/yy)	/	/	/	/

Secondary Self-Employment - please provide your confirmed income for at least 1 years (please provide 2 years of confirmed income if available)				
Occupation				
Date Commenced Trading (mm/yy)				
Percentage of Business Owned	%	%	%	%
Earned income	£	£	£	£
Year Ending (mm/yy)	/	/	/	/
Earned income	£	£	£	£
Year Ending (mm/yy)	/	/	/	/

## OTHER SOURCES OF INCOME

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
Investment	£	£	£	£
Dividends/Drawings	£	£	£	£
Pension (Private)	£	£	£	£
Pension (Company)	£	£	£	£
Pension (State)	£	£	£	£
Maintenance	£	£	£	£
Other	£	£	£	£

## INCOME CHANGES

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
Do the applicants foresee any changes in the level of their income or expenditure which may affect their ability to meet mortgage repayments?				
If yes, please provide details				

Current Employment Contact Details	Applicant 1	Applicant 2
Company Name		
Address 1		
Address 2		
Address 3		
Postcode		
Telephone Number		
Employed by a family member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

# DATA CAPTURE FORM BTL

Current Employment Contact Details	Applicant 3	Applicant 4
Company Name		
Address 1		
Address 2		
Address 3		
Postcode		
Telephone Number		
Employed by a family member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Self-Employment Contact Details	Applicant 1	Applicant 2
Company Name		
Telephone Number		
Address Line 1		
Address Line 2		
Address Line 3		
Postcode		
Accountant used to prepare accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accountant Company		
Accountant Contact Name		
Accountant Qualification		
How long has the Accountant acted for the applicant?	Years                  Months	Years                  Months
Accountant Address		
Address Line 1		
Address Line 2		
Address Line 3		
Postcode		

# DATA CAPTURE FORM BTL

Self-Employment Contact Details	Applicant 3	Applicant 4
Company Name		
Telephone Number		
Address Line 1		
Address Line 2		
Address Line 3		
Postcode		
Accountant used to prepare accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accountant Company		
Accountant Contact Name		
Accountant Qualification		
How long have the accountants acted for the applicant (years)?	Years Months	Years Months
Accountant Address		
Address Line 1		
Address Line 2		
Address Line 3		
Postcode		

## BTL PORTFOLIO

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
Does the applicant own any investment/buy-to-let properties?				
Total number of properties				
Estimated value of portfolio	£	£	£	£
Total outstanding balance of mortgages	£	£	£	£
Total monthly portfolio rental income	£	£	£	£
Total monthly portfolio mortgage payments	£	£	£	£
Is the portfolio managed by an agent on the applicant's behalf?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## ADVERSE

IVA/Debt Management/Protected Trust Deed				
Applicant	Type (IVA/DMP/TD)	Date Registered	Amount	Date of Satisfaction
		/ /	£	/ /
		/ /	£	/ /
		/ /	£	/ /
		/ /	£	/ /
Bankruptcies				
Applicant	Date of Order		Date of Discharge	
	/	/	/	/
	/	/	/	/
	/	/	/	/
	/	/	/	/
Repossession or Property Surrender				
Applicant	Date of Repossession or Surrender		Date of Discharge	
	/	/	/	/
	/	/	/	/
	/	/	/	/
	/	/	/	/

## PROPERTY DETAILS

Property Address					
Address Line 1					
Address Line 2					
Address Line 3					
County					
Postcode					
Property Description					
House	Bungalow	Flat	Studio Flat	Maisonette	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Type					
Detached	Semi-detached	End Terraced	Mid Terraced	Back to Back	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the property a new build?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Year of construction					
Certificate Type (if less than 10 years old)					
NHBC	Zurich Municipal	Building Life Plan Scheme	Premier Guarantee	Architects Certificate	No Warranty
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other					
Rooms					
No. of Bedrooms		No. of Bathrooms		No. of Kitchens	
Tenure					
Freehold	Leasehold		Commonhold	Absolute Ownership	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Years remaining on lease (if applicable)					



Type of Sale (purchase only)						
Private	Purchase from Local Authority	Purchase from Housing Association	Purchase at Auction	Purchase from Landlord as Tenant	Purchase from Builder	Purchase from Relative
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of storeys in building (Flats/Apartments)						
Floor number of flat (Flats/Apartments)						
Does property have a lift?			Yes <input type="checkbox"/>			No <input type="checkbox"/>
Is the property connected to or above a commercial property? (If yes, please provide details)			Yes <input type="checkbox"/>	Details		No <input type="checkbox"/>
Is any of the property to be used for commercial purposes? (If yes, for what type of business?)			Yes <input type="checkbox"/>	Details		No <input type="checkbox"/>
Did the applicant(s) purchase the property as part of a Social Housing Scheme? If yes, what was the date of purchase? (mm/yy)			/		/	
Is the property ex-social housing?			Yes <input type="checkbox"/>			No <input type="checkbox"/>
Does the property include more than three acres of land?			Yes <input type="checkbox"/>			No <input type="checkbox"/>
What is the occupancy type?			<input type="checkbox"/> Standard	<input type="checkbox"/> HMO	<input type="checkbox"/> Multi-Unit Block	
How many units are in the Multi-Unit Block? (if applicable)						
Is the property currently let?			Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Are there any incentives, discounts or allowances applicable to the property?			Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Details of incentives, discounts or allowances:						

## PROPERTY ACCESS

Arrangements for Property Access	
Provide details for the valuer to gain access to inspect the property:	
Contact Name	
Contact Type (Applicant, Builder, Vendor)	
Telephone Number	
Any additional access information	

## CONVICTIONS

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
Do the applicants have any criminal convictions other than those which are spent under the Rehabilitation of Offenders Act 1974 (or equivalent), or any pending prosecutions relation to any aspect of dishonesty, such as theft, robbery, fraud, or arson; which may have bearing on your future employment or likely conduct 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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## SOLICITOR DETAILS

Does the applicant wish to use The Mortgage Lender appointed solicitor? If no, please provide the applicant's solicitor details below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Solicitor's Firm Name		
Solicitor's Name		
Address Line 1		
Address Line 2		
Postcode		
Contact Telephone Number		
Fax Number		
Email Address		
DX Number		

## BANK DETAILS

Customer Direct Debit Details	
Direct Debit declaration accepted?	
Bank Sort Code:	
Account Number:	
Account Holder Name:	
Bank Name:	
Bank Address:	
Address Line 1	
Address Line 2	
Address Line 3	
Post Code	

## FEEES

TML Fees	
Added or Deducted from Loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Completion Fee	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telegraphic Transfer Fee	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Fees				
Fee Description	Fee Amount	How Payable	When Payable	Refundable Amount

**ADDITIONAL NOTES**