



Personal Details

	Applicant 1	Applicant 2 (if applicable)
Title	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>
Middle name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Marital status	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Are you a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adverse medical history	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please give details:	<input type="text"/>	<input type="text"/>
Residential status	<input type="text"/>	<input type="text"/>
Current address (3 year history)		
Address line 1	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
County	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date moved in	<input type="text"/>	<input type="text"/>
Previous address		
Address line 1	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
County	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date moved in	<input type="text"/>	<input type="text"/>

Contact details	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Preferred method of contact	<input type="text"/>	<input type="text"/>

Dependents

	Name	Date of birth	Name	Date of birth
Dependent 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Income

	Applicant 1	Applicant 2 (if applicable)
Occupation	<input type="text"/>	<input type="text"/>
Employment status	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Full time <input type="checkbox"/> Part time
Name of employer	<input type="text"/>	<input type="text"/>
Address of employer	<input type="text"/>	<input type="text"/>
Address line 1	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
County	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Length of service <small>(years and months)</small>	<input type="text"/>	<input type="text"/>
Employer telephone number	<input type="text"/>	<input type="text"/>
Annual salary	<input type="text"/>	<input type="text"/>
Additional income <small>(please state)</small>	<input type="text"/>	<input type="text"/>
Net monthly income	<input type="text"/>	<input type="text"/>
Sick pay benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how many weeks full pay:	<input type="text"/>	<input type="text"/>
Death in service?	<input type="text"/>	<input type="text"/>
If Yes, specify amount of cover:	<input type="text"/>	<input type="text"/>

Monthly pensions reductions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details:	<input type="text"/>	<input type="text"/>
Any other income reductions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details:	<input type="text"/>	<input type="text"/>
National insurance number	<input type="text"/>	<input type="text"/>
Intended retirement age	<input type="text"/>	<input type="text"/>
Bank name	<input type="text"/>	<input type="text"/>
Length of time account held	<input type="text"/>	<input type="text"/>

Assets

	Applicant 1	Applicant 2 (if applicable)
Pensions	<input type="text"/>	<input type="text"/>
Amount	<input type="text"/>	<input type="text"/>
Name of management	<input type="text"/>	<input type="text"/>
Monthly contributions	<input type="text"/>	<input type="text"/>
Would you like a member of our team to contact you for a free review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life insurance	<input type="text"/>	<input type="text"/>
Provider	<input type="text"/>	<input type="text"/>
Policy type	<input type="text"/>	<input type="text"/>
Amount of cover	<input type="text"/>	<input type="text"/>
Monthly premiums	<input type="text"/>	<input type="text"/>
Would you like a member of our team to contact you for a free review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home insurance	<input type="text"/>	<input type="text"/>
Provider	<input type="text"/>	<input type="text"/>
Policy type	<input type="text"/>	<input type="text"/>
Monthly premiums	<input type="text"/>	<input type="text"/>
End date	<input type="text"/>	<input type="text"/>
Claims in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details:	<input type="text"/>	<input type="text"/>
Would you like a member of our team to contact you for a free review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Protection Policies	<input type="text"/>	<input type="text"/>
Pensions	<input type="text"/>	<input type="text"/>
Amount	<input type="text"/>	<input type="text"/>
Name of management	<input type="text"/>	<input type="text"/>
Monthly contributions	<input type="text"/>	<input type="text"/>
Would you like a member of our team to contact you for a free review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income protection policies	<input type="text"/>	<input type="text"/>
Name of protection policy	<input type="text"/>	<input type="text"/>
Amount of cover	<input type="text"/>	<input type="text"/>
Monthly premiums	<input type="text"/>	<input type="text"/>
Last date reviewed	<input type="text"/>	<input type="text"/>
Would you like a member of our team to contact you for a free review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, when was this reviewed:	<input type="text"/>	<input type="text"/>

Expenditure Breakdown

	Applicant 1	Applicant 2 (if applicable)
Council tax	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>
Gas	<input type="text"/>	<input type="text"/>
Electric	<input type="text"/>	<input type="text"/>
Water	<input type="text"/>	<input type="text"/>
Broadband and/or TV license	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Groceries	<input type="text"/>	<input type="text"/>
Clothing	<input type="text"/>	<input type="text"/>
Childcare/Maintenance	<input type="text"/>	<input type="text"/>
Travel expenses	<input type="text"/>	<input type="text"/>
Petrol	<input type="text"/>	<input type="text"/>

Vehicle Insurance	<input type="text"/>	<input type="text"/>
Public Transport	<input type="text"/>	<input type="text"/>
Social	<input type="text"/>	<input type="text"/>
Credit commitments (please list all credit cards, loan and finance agreements)	<input type="text"/>	<input type="text"/>
Commitment type	<input type="text"/>	<input type="text"/>
Lender	<input type="text"/>	<input type="text"/>
Remaining balance	<input type="text"/>	<input type="text"/>
Monthly payments	<input type="text"/>	<input type="text"/>
Current APR	<input type="text"/>	<input type="text"/>
Purpose	<input type="text"/>	<input type="text"/>

Protection Views

Check importance of certain areas that could potentially affect your ability to pay your mortgage
 RATE 1 (High importance) down to 5 (Low importance)

Pay off your mortgage if you died

Provide financial security for your partner & children if you died

Receive a lump sum or monthly income if you were ever diagnosed with a serious illness?

TOP 5 Claims - Heart attack/disease
 - Cancer - Kidney failure - Stroke -
 Coronary artery bypass

Cover your mortgage payments or income if you were made redundant

Cover your mortgage payments or income if you couldn't work because of an accident or long term illness

Cover the contents in your home against theft / fire damage / accidental damage / loss out of the home

Requirements

Address of proposed Mortgage

Address line 1

Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Property value	<input type="text"/>
Loan amount required	<input type="text"/>
Tenure	<input type="text"/>
Property type	<input type="text"/>
Property age	<input type="text"/>
Number of bedrooms	<input type="text"/>
Ground rent and services	<input type="text"/>
If a flat please advise:	<input type="text"/>
Length of lease	<input type="text"/>
Floor your flat sits on	<input type="text"/>

Requirements

Solicitor contact name and address	<input type="text"/>
Contact name	<input type="text"/>
Address line 1	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Contact number	<input type="text"/>
Estate agents contact name and address	<input type="text"/>
Contact name	<input type="text"/>
Address line 1	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Contact number	<input type="text"/>