



Customer Information Form

Complete 

Your specialist packager distributor

Customer Information Form

(1) LOAN DETAILS

Amount Required	£ <input type="text"/>	Loan Purpose	<input type="text"/>
Term Required	<input type="text"/>	Loan Type	<input type="text"/>
Reason for Remortgage			
<input type="text"/>			

(2) APPLICANT DETAILS (Please ensure correct spelling to avoid delay)

Applicant 1

Mr	<input type="checkbox"/>	First Names (in full)	<input type="text"/>	Date of Birth	<input type="text"/>	Age	<input type="text"/>	Married	<input type="checkbox"/>
Mrs	<input type="checkbox"/>	Surname	<input type="text"/>		<input type="text"/>		<input type="text"/>	Common Law	<input type="checkbox"/>
Miss/Ms	<input type="checkbox"/>	Previous Name	<input type="text"/>	National Insurance No.	<input type="text"/>			Single	<input type="checkbox"/>
								Divorced	<input type="checkbox"/>
								Widowed	<input type="checkbox"/>

Applicant 2

Mr	<input type="checkbox"/>	First Names (in full)	<input type="text"/>	Date of Birth	<input type="text"/>	Age	<input type="text"/>	Married	<input type="checkbox"/>
Mrs	<input type="checkbox"/>	Surname	<input type="text"/>		<input type="text"/>		<input type="text"/>	Common Law	<input type="checkbox"/>
Miss/Ms	<input type="checkbox"/>	Previous Name	<input type="text"/>	National Insurance No.	<input type="text"/>			Single	<input type="checkbox"/>
								Divorced	<input type="checkbox"/>
								Widowed	<input type="checkbox"/>

(3) RESIDENCY DETAILS (Please ensure correct spelling to avoid delay)

Applicant 1

Home Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Here for	<input type="text"/>	Years	<input type="text"/>
Email Address	<input type="text"/>	Mobile Phone No.	<input type="text"/>
		Home Phone No.	<input type="text"/>

Applicant 2

Home Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Here for	<input type="text"/>	Years	<input type="text"/>
Email Address	<input type="text"/>	Mobile Phone No.	<input type="text"/>
		Home Phone No.	<input type="text"/>

(4) PROPERTY TO BE MORTGAGED

Please write "TBA" if still looking for a property. Or if remortgage of current residential property write "Property Above"

Address	<input type="text"/>			Postcode	<input type="text"/>
If Remortgaged	<input type="checkbox"/>	Date Purchased	<input type="text"/>	Purchase Price	£ <input type="text"/>
				Current Value	£ <input type="text"/>
Detached House	<input type="checkbox"/>	Terraced House	<input type="checkbox"/>	Freehold/Leasehold	<input type="checkbox"/>
				Flat	<input type="checkbox"/>
				No. of Floors	<input type="text"/>
				Is it Converted/ purpose built	<input type="checkbox"/>
				Floor No.	<input type="text"/>
				Does Block Have a Lift	<input type="checkbox"/>
No. of Bedrooms	<input type="text"/>	No. of Receptions	<input type="text"/>	No. of Kitchens	<input type="text"/>
				No. of Bathrooms	<input type="text"/>
				No. of Garages	<input type="text"/>

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If the security address is a Buy to Let please provide rental per month.

£

Has the security ever been owned by the council?

Yes No

Is the security address of traditional construction?

(If no give details of the construction including name of builder)

Yes No

(5) CURRENT MORTGAGE DETAILS (Ignore if your a first time buyer)

Lender Name & Address Account No.

Current Balance £ Interest Only Capital Repayment Date of Loan

Monthly Mortgage Payment £ Current Arrears £ Highest Arrears (Last 12 months) £

If in arrears in last 3 years, how many missed payments?

Previous Lender Name & Address Account No.

Previous Balance £ Previous Payment £ Date Started

Give details of actual months missed and full written explanation for arrears

(6) CCJ's/DEFAULTS

Name of Company	CCJ/Default	Amount	Date Registered	Date Settled
<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"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>

(7) YOUR OUTSTANDING CREDIT DETAILS

Lender	Term	Original Amount/ or Limit	Current Balance	Monthly Payment
<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"/>
<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"/>

Have you missed any payments in the last 3 years, if yes please give details

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(8) EMPLOYMENT DETAILS

Applicant 1

Occupation

Employed For Years Gross Annual Income £ Employment Type

Employed Self-Employed Contractor Retired Not Working

Applicant 2

Occupation

Employed For Years Gross Annual Income £ Employment Type

Employed Self-Employed Contractor Retired Not Working

Details of any additional income

Gross Annual Income £

(9) EXPENDITURE

Number of children under 18 years old? Age of dependants

Please enter your monthly household expenditure below:

Buildings and contents insurance	£ <input type="text"/>
Ground rent/service charge	£ <input type="text"/>
Maintenance/child support	£ <input type="text"/>
Council tax	£ <input type="text"/>
Gas, Electricity, Fuel	£ <input type="text"/>
Water charges	£ <input type="text"/>
Shopping including food, drinks, tobacco	£ <input type="text"/>
Transport including fares, petrol, maintenance, tax and insurance	£ <input type="text"/>
School related expenses	£ <input type="text"/>
Communication including mobile phones, interest, and digital TV	£ <input type="text"/>
Clothing and footwear	£ <input type="text"/>
Entertainment and recreation	£ <input type="text"/>
Any other expenses	£ <input type="text"/>
TOTAL	£ <input type="text"/>

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(10) PROPERTY PORTFOLIO (Other properties owned)

Property Address Property value Monthly Rental Income Monthly Mortgage Payment Lender Name Current Mortgage Balance AST or Holiday Let Tenanted

Property Address	Property value	Monthly Rental Income	Monthly Mortgage Payment	Lender Name	Current Mortgage Balance	AST or Holiday Let Tenanted

(11) INSURANCE POLICIES (Life Insurance and Buildings & Contents)

Policy Holder Type of Insurance Policy Number Sum Assured Monthly Payment

Policy Holder	Type of Insurance	Policy Number	Sum Assured	Monthly Payment

ADDITIONAL NOTES

Please give any more information surrounding your circumstances that will help us with this enquiry.