

# DATA CAPTURE RESIDENTIAL.

This is a data capture form only – all applications must be made using our Online Mortgage Application Service

**NB** The order of questions on this form follows the data capture order in our online portal.

## 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"/>	
Does the property meet the security criteria?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Excluding Expat applications, do all applicants have a valid UK work visa or a statutory right to work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do any of the applicants have Diplomatic Immunity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have any of the applicants been party to a mortgaged property that has been repossessed in the last 6 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## LOAN DETAILS

Loan Purpose			
First-Time Buyer			Yes <input type="checkbox"/> No <input type="checkbox"/>
Shared Ownership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Housing Association (Shared Ownership only)			
Percentage being purchased (Shared Ownership only)			%
Value of share (Shared Ownership only)	£		
Rental/Service charges (Shared Ownership only)	£		
Estimated Value/Purchase Price	£		
Loan Amount			
Term			Years                      Months
Repayment Type	Capital Repayment <input type="checkbox"/> Interest Only <input type="checkbox"/> Part & Part <input type="checkbox"/>		
Interest Only Amount (if Part & Part)			
Will this be applicant's main residence	App 1 App 2		
Product and Rate			

### Repayment Strategy Summary

Repayment Strategy	Equity in the property	Current Value
Sale of Security Property	£	Not applicable
Sale of Other Property	£	Not applicable
Investments	Not applicable	£
Savings	Not applicable	£

### 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)					Country of Deposit			

**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
£	£	£	£	£	£	£	£	£
Redemption Costs    £		Other (if other, please provide details)						

**APPLICANT DETAILS**

	Applicant 1		Applicant 2	
Title				
First Name				
Middle Name				
Surname				
Date of Birth	DDMMYYYY		DDMMYYYY	
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"/>	
Does the applicant require any of following Visas to work in the UK (Visas must have 6 months remaining at application)?*				
For how long has the applicant held a Visa to work in the UK	Years	Months	Years	Months
Length of Residency	Years	Months	Years	Months
Resident in the UK from birth	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"/>	

Marital status (choose one):	Applicant 1	Applicant 2
Single	<input type="checkbox"/>	<input type="checkbox"/>
Married	<input type="checkbox"/>	<input type="checkbox"/>
Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	<input type="checkbox"/>
Separated	<input type="checkbox"/>	<input type="checkbox"/>
Living with Partner	<input type="checkbox"/>	<input type="checkbox"/>
Common Law	<input type="checkbox"/>	<input type="checkbox"/>
Annulled Civil	<input type="checkbox"/>	<input type="checkbox"/>
If the applicant has been known by another name in the last 6 years, please provide full details (including title)		

Address Details & History (please provide address history to cover the last 3 years)		Applicant 1	Applicant 2	
Current 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"/>	

		Applicant 1		Applicant 2		
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"/>	

		Applicant 1		Applicant 2		
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:
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## VULNERABILITIES

There are many circumstances that mean customers would like us to support them differently today, in the future, or on an ongoing basis. If they share this information with us, we'll take the time to understand their needs and work with you and them to support those needs.

We will also use the information provided to help us develop our products and support options to help improve outcomes for all our customers. No data which will identify your client will be used in these circumstances.

Characteristics of vulnerability disclosed will not be used to determine whether or not a loan can be granted.

Does the applicant have any vulnerable characteristics that may require additional support from The Mortgage Lender?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Does the applicant consent to disclosing this vulnerable characteristic to The Mortgage Lender?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details	

## SPECIAL REQUIREMENTS

Does the applicant require printed communication in a different format?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please select required format, if applicable	Braille <input type="checkbox"/> Audio <input type="checkbox"/> Large Print <input type="checkbox"/>

# EMPLOYMENT

Employment Status	Applicant 1	Applicant 2
Employed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Self-Employed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fixed Term Contract	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Retired	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Unemployed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Homemaker	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
More than 25% share owner or Partner with less than 4 Partners in the firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employed by a family member?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has contract previously been renewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Renewal of contract or alternative been secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Employed Occupation & Income	Applicant 1	Applicant 2
Full-time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation		
Start date of employment	<input type="text"/>	<input type="text"/>
Basic salary (annual income)		
Overtime		
Commission		
Bonus		
Car allowance		
Other allowances		

Does the applicant have any deductions from their salary?		
Deduction Type – Monthly Amount	Applicant 1	Applicant 2
Student Loan	£	£
Pension	£	£
Other gross deductions	£	£

Previous Employment (if current employment is less than 12 months)	Applicant 1	Applicant 2
Occupation		
Start date	<input type="text"/>	<input type="text"/>

## EMPLOYMENT

Secondary Income - Secondary Employment Status	Applicant 1	Applicant 2
Employed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Self-Employed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fixed Term Contract	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Retired	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Unemployed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Homemaker	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
More than 25% share owner or Partner with less than 4 Partners in the firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Full time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fixed contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has contract previously been renewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Renewal of contract or alternative been secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Secondary Occupation & Income	Applicant 1	Applicant 2
Full-time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation		
Start date of employment	DDMMYYYY	DDMMYYYY
Basic salary	£	£
Overtime	£	£
Commission	£	£
Bonus	£	£
Car Allowance	£	£
Other Allowances	£	£

Does the applicant have any deductions from their salary?		
Deduction Type - Monthly Amount	Applicant 1	Applicant 2
Student Loan	£	£
Pension	£	£
Other gross deductions	£	£

**Self-Employment – please provide your confirmed income for at least 1 year  
(please provide 2 years of confirmed income if available)**

	Applicant 1	Applicant 2
Ownership Type		
Occupation		
Industry		
Date Commenced Trading	DDMMYYYY	DDMMYYYY
Percentage of Business Owned	%	%
SA302 Income OR Directors Salary		
Year ending	MMYYYY	MMYYYY
Share of profit before tax		
Year ending	MMYYYY	MMYYYY

**Other Sources of Income**

Investment	£	£
Dividends/Drawings	£	£
Pension (Private / Company / State)	£ / /	£ / /
Maintenance	£	£
Child Benefit	£	£
Working Tax Credit / Child Tax Credit / Universal Credit equivalent	£	£
Other (Please provide details)		

**Lending into Retirement (if the loan extends beyond retirement, please complete the following sections)  
Source of Income (Retired)**

State Pension	£	£
Private Pension	£	£
Investment Income	£	£
Other (Please provide details)		

Does the applicant 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 below:

## COMMITMENTS

**Credit Commitments for joint applicants - if mortgages or other commitments are shared the information should be given only once**

Monthly Rental Commitment (if applicable)	£	£
<b>Current Residential Mortgages</b>		
To be redeemed on completion	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reasons for not redeeming on completion		
Property to be let	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Property Unencumbered	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (provide details)		
Monthly residential mortgage repayment	£	
Residential mortgage balance outstanding	£	
Estimated value of current residential property	£	
Current mortgage lender		
Account number		

### Mortgage & Secured Loan History

Does the applicant have any other Mortgages or Secured Loans (not BTL)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Outstanding Balance (for each loan)	£	
Monthly Payment (for each loan)	£	
End Date (for each loan)		
Repay on Completion	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Store/Credit Cards

Applicant	Card Provider	Last 4 digits of card number	Balance	To be repaid on completion?	Sources of funds for repayment
			£	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			£	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			£	Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Loan & Hire Purchase

Applicant	Lender	Account No	Balance	Monthly Payments	End Date (mm/yy)	To be repaid on completion?	Sources of funds for repayment
			£		/	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			£		/	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			£		/	Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Mail Order accounts

Applicant	Lender	Account No	Balance	Monthly Payments	End Date (mm/yy)	To be repaid on completion?	Sources of funds for repayment
			£		/	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			£		/	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			£		/	Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Debt management plans

Applicant	Lender	Account No	Balance	Monthly Payments	End Date (mm/yy)	To be repaid on completion?	Sources of funds for repayment
			£		/	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			£		/	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			£		/	Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Other commitments (non-lifestyle)

Commitment type	Applicant 1		Applicant 2	
	Monthly payment	End date	Monthly payment	End date
Maintenance/Alimony	£	<input type="text" value="MMYYYY"/>	£	<input type="text" value="MMYYYY"/>
School Fees	£	<input type="text" value="MMYYYY"/>	£	<input type="text" value="MMYYYY"/>
Child Care	£	<input type="text" value="MMYYYY"/>	£	<input type="text" value="MMYYYY"/>
Court Fines	£	<input type="text" value="MMYYYY"/>	£	<input type="text" value="MMYYYY"/>
Ground Rent Charges	£	<input type="text" value="MMYYYY"/>	£	<input type="text" value="MMYYYY"/>

Buy to Let	Applicant 1	Applicant 2
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"/>

Dependants for all applicants		
No. of non-applicant adult dependants		
No. of child dependants over 5 years of age		
No. of child dependants under 5 years of age		

## PROPERTY DETAILS

Property Address	
Address Line 1	
Address Line 2	
Address Line 3	
County	
Postcode	

Property Description											
House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Flat	<input type="checkbox"/>	Studio Flat	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	Other	<input type="checkbox"/>

Property Type											
Detached	<input type="checkbox"/>	Semi-detached	<input type="checkbox"/>	End Terraced	<input type="checkbox"/>	Mid Terraced	<input type="checkbox"/>	Back to Back	<input type="checkbox"/>	Other	<input type="checkbox"/>

Certificate Type (if less than 10 years old)											
NHBC	<input type="checkbox"/>	Zurich Municipal	<input type="checkbox"/>	Building Life Plan Scheme	<input type="checkbox"/>	Premier Guarantee	<input type="checkbox"/>	Architects Certificate	<input type="checkbox"/>	No Warranty	<input type="checkbox"/>
Other	<input type="checkbox"/>										

Rooms		
No. of Bedrooms	No. of Bathrooms	No. of Kitchens

Tenure							
Freehold	<input type="checkbox"/>	Leasehold	<input type="checkbox"/>	Commonhold	<input type="checkbox"/>	Heritable	<input type="checkbox"/>

Type of Purchase							
Private <input type="checkbox"/>	Purchase from Local Authority <input type="checkbox"/>	Purchase from Housing Association <input type="checkbox"/>	Purchase at Auction <input type="checkbox"/>	Purchase from Landlord as Tenant <input type="checkbox"/>	Purchase from Builder <input type="checkbox"/>	Purchase from Relative <input type="checkbox"/>	
Years remaining on lease (if applicable)							
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 property a new build?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Year of construction				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
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"/>
Standard construction?				Yes <input type="checkbox"/>	Details		No <input type="checkbox"/>
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"/>			
EPC Rating							

TML Fees	Added to Loan
Completion Fee	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telegraphic Transfer Fee	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Fees	Intermediary Fee	Specialist Distributor Fee
Fee Amount	£	£
When payable (tick appropriate)	On Application <input type="checkbox"/>	On Application <input type="checkbox"/>
	On Offer <input type="checkbox"/>	On Offer <input type="checkbox"/>
	On Completion <input type="checkbox"/>	On Completion <input type="checkbox"/>
How payable?	Paid to Broker <input type="checkbox"/>	Paid to Packager <input type="checkbox"/>
Refundable amount	£	£

Contact Details	Applicant 1	Applicant 2
Home Telephone Number		
Work Telephone Number		
Mobile Telephone Number		
Email Address		

### Keeping your client informed

The Mortgage Lender and its group of companies would like to keep your client informed of products, services, and member offers that we consider relevant to them. We will not share their information with external companies for the purpose of marketing.

To confirm whether or not your client wishes to be contacted by a particular method, please select 'Yes' or 'No' in the boxes below:

	Applicant 1	Applicant 2
Please contact by phone	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please contact by mail	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please contact by email	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please contact by SMS	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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"/>	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 1		
Accountant Address 2		
Accountant Address Line 3		
Accountant Postcode		

Landlord Details	Applicant 1	Applicant 2
Landlord Name		
Address 1		
Address 2		
Address 3		
Postcode		
Date Tenancy Commenced		

## 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	
Email address	
Any additional access information	

## Other Occupants

Upon completion, will there be any other occupants living at the property who are aged 17 or over?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes:	<b>Occupant 1</b>	<b>Occupant 2</b>
Name(s)		
Date of Birth	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>
Relationship to applicant		
Name(s)		
Date(s) of Birth	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>
Relationship to applicant		

## CONVICTIONS

	Applicant 1	Applicant 2
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"/>

## SOLICITOR DETAILS

TML operates a solicitor panel and will appoint a solicitor to act on both its behalf and on behalf of the applicant. If the applicant wishes separate legal representation to act on their behalf, full details of the solicitor acting on behalf of the applicant should be captured. By choosing to have separate legal representation, the applicant(s) will be liable for both sets of legal fees.

Does the applicant wish to use The Mortgage Lender appointed solicitor?  
If no, please provide the applicant's solicitor details below.

Yes  No

Solicitor's Firm Name	
Solicitor's Name	
Address 1	
Address 2	
Postcode	
Contact Telephone Number	
Fax Number	
Email Address	
DX Number	

### Customer Direct Debit Details

Bank Sort Code	
Account Number	
Account Holder Name	

## ADDITIONAL NOTES

**INTERMEDIARY ENQUIRIES 0344 257 0418**  
**WWW.THEMORTGAGELENDER.COM**

For intermediary use only

**THANKS  
FOR YOUR TIME.**