

Supplementary Form

MUST be fully completed for all applications and re-offers from 31/10/04



Applicant 1	Forename	Surname
Applicant 2	Forename	Surname

Mortgage adviser details (Mandatory for all cases)		
Firm name & address:		
Postcode:	Mplc ref:	
Tel:	Fax:	DX:
Contact name:	Email:	
If Directly Authorised (DA)	FSA number:	
If Appointed Representative (AR)	AR FSA number:	Principal FSA (FRN) number:
Principal name and address		

Packager details (if applicable)		
Packager name & address:		
Postcode:	Mplc ref:	
Tel:	Fax:	DX:
Contact name:	Email:	
If Directly Authorised (DA)	FSA number:	
If Appointed Representative (AR)	AR FSA number:	Principal FSA (FRN) number:
Principal name and address		

Other intermediary details (if applicable - ie. Introducer, Satellite Packager, other)		
Intermediary name & address:		
Postcode:	Mplc ref:	
Tel:	Fax:	DX:
Contact name:	Email:	
If Directly Authorised (DA)	FSA number:	
If Appointed Representative (AR)	AR FSA number:	Principal FSA (FRN) number:
Principal name and address		
If any of the intermediaries/firms detailed above are linked then please give details of the association		

Solicitor details (minimum 2 partners)		
Company:	Contact Name:	
Address:	Postcode:	DX:
Tel:	Fax:	Email:

Mortgage details (Please tick as many as apply)		
Total advance required: £ _____	Broker advice fee: £ _____	<input type="checkbox"/> Tick box if included in total advance required
Term: _____ Years	First line of address of property:	
Product name:		
Purchase: <input type="checkbox"/>	Remortgage: <input type="checkbox"/>	Full Status: <input type="checkbox"/> Self Certification: <input type="checkbox"/>
Repayment: <input type="checkbox"/> Split _____ %	Interest Only: <input type="checkbox"/> Split _____ %	Buy to Let: <input type="checkbox"/> Right to Buy: <input type="checkbox"/>
Product Max LTV: _____ %	Initial Interest Rate: _____ %	Revert to Rate: _____ %
For Buy to Let applications only: will any of the applicant's immediate family be living in the property? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Fees payable by the applicant(s) able to be added to the loan (Please tick as apply)			
Are all these fees to be added to the loan?	Title insurance <input type="checkbox"/>	Completion fee <input type="checkbox"/>	Higher lending charge <input type="checkbox"/>
Yes / No	Buildings insurance elsewhere fee <input type="checkbox"/>	Telegraphic transfer fee <input type="checkbox"/>	

Other fee information required	
Valuation fee: £ _____	Other (please specify) £ _____
Which fees are refundable if application does not proceed?	

Particulars of the sale	
Was the mortgage sale? Advised <input type="checkbox"/> Non-advised <input type="checkbox"/>	Date mortgage sale advised / arranged ____/____/____ (dd/mm/yy)

Self Certification - Reason applicant(s) cannot prove income		
1. Self employed/ contractor	Applicant 1 <input type="checkbox"/>	Applicant 2 <input type="checkbox"/>
2. Earned income from various sources	<input type="checkbox"/>	<input type="checkbox"/>
3. Investment income	<input type="checkbox"/>	<input type="checkbox"/>
4. Other (please specify reasons)	<input type="checkbox"/>	<input type="checkbox"/>

Estimated retirement age of applicant(s)	
Applicant 1 _____	Applicant 2 _____ (Attach details of retirement income if term extends into retirement)

To be completed by intermediary responsible for the sale:
 I confirm that the firm conducting the sale of this mortgage holds the relevant permission(s) given by the Financial Services Authority to carry out the aforementioned activity.
 I confirm that the customer has been supplied with a Key Facts Illustration prior to making this application.

Name: _____ Position: _____

Signature: _____ Date: _____