

**FSA SUPPLEMENTARY DECLARATION**

The information provided in this form is supplementary to the application form and is to be **completed by the mortgage intermediary.**

Mortgage Account Number

If Mortgage Account Number not known, please state:-

Applicant Surname(s): Applicant 1

Applicant 2

Property to be Mortgaged Postcode:

**FEES PAID BY THE APPLICANT**

Arrangement fee paid to Introducer by applicant(s)	£ <input type="text"/>
Has this fee been included in the loan amount?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Arrangement fee paid to packager (Excluding valuation fee)	£ <input type="text"/>
Has this fee been included in the loan amount?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Valuation fee paid	£ <input type="text"/>
Has this fee been included in the loan amount?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated legal fees to be paid by applicant(s)	£ <input type="text"/>
Has this fee been included in the loan amount?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**REPAYMENT VEHICLE DETAILS (ONLY IF MORTGAGE IS INTEREST ONLY)**

Repayment Vehicle details:

Policy type	Endowment/ISA/Pension Other*
Please state if Other	.....
Provider	<input type="text"/>
Monthly Premium	<input type="text"/>

\* Delete as necessary

**OTHER INFORMATION**

If the term of this mortgage takes the applicant(s) beyond their intended retirement date, please state how you are satisfied, after discussion with all applicants, that payments will be maintained & by what means (details to be provided on Additional Information Page). Please also answer the following questions:-

Projected Retirement Age Applicant 1  Applicant 2

Who recommended the Platform mortgage which was chosen by the applicant(s)?  
 Packager Yes  No   
 Mortgage Intermediary Yes  No

Is this an Advised or Non-Advised Sale? Advised  Non-Advised  Face to Face  Non Face to Face

If the applicant(s) are Self-Certifying income, please state reason below:-

Existing Platform borrower	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Commission / bonus based income	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Second income source is non-PAYE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contract deadline /auction sale	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (please state)	<input type="text"/>	<input type="text"/>

**PLEASE ENSURE THAT BOTH SIDES OF THIS FORM ARE FULLY COMPLETED**

Have the applicant(s) had 3 or more months arrears (cleared or not) on any secured or unsecured loan in the last 2 years?

Applicant 1: Yes  No  Applicant 2: Yes  No

Please give the details below of any of the following payment obligations:-

Maintenance/alimony	Monthly Amount	<input type="text"/>		
Student Loan(s)	Monthly Amount	<input type="text"/>	Outstanding Balance	<input type="text"/>
IVAs	Monthly Amount	<input type="text"/>	Outstanding Balance	<input type="text"/>

Please provide full details of the source of applicant(s) deposit (Please tick appropriate box):

Savings  Inheritance  Cashing in Investment Policy   
Gift  Property Sale  Other

Will any commission be paid back to the applicant? Yes  No  If yes, please state how much

### DETAILS OF LOAN REQUESTED

Purpose of Remortgage (tick all that apply, if £ for £ only this can be ticked):-

Home Improvements  £ for £  Capital Raising   
Business Purposes  Debt Consolidation

If consolidating debt when remortgaging or consolidating loans from equity if purchasing, please provide:-  
(continue on Additional Information Sheet within Mortgage Application Form if necessary):-

Lender(s) Name

Total Balance(s) to be repaid

Current Total Monthly Repayment

### BUY TO LET / LET TO BUY

Is the property to be occupied by an immediate family member? Yes  No

### INTERMEDIARY DECLARATION

I declare that everything within this Pre FSA Supplementary Declaration is true and to the best of my knowledge.

Signature of Intermediary

Print Name:

Company Name:  FSA Number

Company Address:

Date