

20 Minute Mortgage Promise Independent Mortgage & Protection Advice

Office : 01473 552020 help@simplymoneyltd.co.uk

Docs Required : 3 months salary fed personal bank statements , last 3 payslips, P60
Last 3 years Accounts if Self Employed , Credit / HP / Loan Statements , Name & Address ID

	First applicant	Second applicant
Full Name (As per passport)		
Address		
Date moved in		
Nationality		
Previous Name / Date changed		
Date of birth		
Previous address (if less than 3 years) continue on a separate sheet if necessary. Must have 3 years of address history		
Date moved in		
Email address		
Mobile number		
Home number		
How many Children living at Home. Dates of Birth		

If Employed

Basic salary	£	£
Bonus/Commission	£	£
Job Title / Occupation		
Name of Employer		
Start Date with Employer		
Previous Emp if less than 3m		
Start Date & Salary on leaving		

If Sole Trader

	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Net profit, latest year first						

If Ltd Company

Salary	
Dividends	

Any other income	£	£
Source e.g. child benefits, tax credits, maintenance , investments , rental income		

Loan / HP Repayments / Credit

Monthly repayments	£	£	£	£
Outstanding balance	£	£	£	£
Lender / Finance Company				
Held Jointly / App1 or App2				
Credit card balances	£	£	£	£
Card Provider eg MBNA				
Held Jointly / App1 or App2				

Current Account (this information will be held in the strictest confidence)

Sort code		
Account number		

Purchase Price of New Home	£	£
Deposit Funds Available	£	£
Deposit funds? Gift / Savings / Equity (Proof required)		
Existing House Value	£	£
Sale Price or Value of existing	£	£
Existing Mortgage Balance	£	£
Rent / Mortgage Payment	£	£
Any Penalties payable on existing mortgage ?	£	£
Name of Existing Lender ?		£

Have you ever taken or had registered :-

A Payday Loan	Y / N	Y / N
A County Court Judgement	Y / N Satisfied ? Y / N	Y / N Satisfied ? Y / N
A Default	Y / N Satisfied ? Y / N	Y / N Satisfied ? Y / N
Any missed / late payments	Y / N	Y / N
Ever Been Bankrupt	Y / N Date of Discharge	Y / N Date of Discharge

	First applicant	Second applicant
Relationship to other applicant		
Height in cms or feet / inches		
Weight in KG's or Stones / lbs		
Work at heights above 40 feet ?		
% of physical / manual work		
How many cigarettes per day		
How many cigars per day		
Do you take recreational Drugs		

You can ignore minor ailments such as a cold, flu, normal routine pregnancy including c section

Have any parents , brothers or sisters before their 65th birthday been seriously ill ? If so please state age at occurrence, what the condition was and your relationship to them , eg Father		
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Do you have any pre existing medical conditions which we need to disclose to the Insurer . If so please state what, when diagnosed, what treatment you are receiving including name and dose of drugs / medicines. Please give as much detail as possible as this will help with placing your application with a suitable insurer.		
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Do you participate in any dangerous hobbies such as motor sport, hang gliding or motorcylce racing.		
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Waist Size (M) Dress Size (F)		
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GP Name & Address		
How long with your GP (years)		
GP Tel Number		

Alcohol units drunk each week		
Wine		
Regular Beer		
Premium Strength Beer / Cider		
Spirits		

Do you have any exisiting policy/s in force? Please detail/supply copies

Have you considered how you will protect your new home should you become ill or die?

What impact might this event have on you / your family?

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I/we confirm the information as detailed to be a fair reflection of my/our situation. I/we hereby authorise the transfer of information as described within, on a confidential basis when warranted to such authorised companies and agree to credit searches being performed in order to obtain an insurance quotation.

Name		
Signed		
Date		