

Our ref: Fisa No:

please complete all sections in BLOCK CAPITALS. any questions? please call 01442 877991

Confidential Loan Application Form

YOUR LOAN REQUIREMENTS

Loan Amount £ Term required months Purpose of loan

YOUR REQUIREMENTS FOR OPTIONAL PAYMENT PROTECTION INSURANCE & TERM LIFE INSURANCE

First Applicant (please tick the box that applies)

- No insurance required.
- Insurance required to cover Accident, Sickness and Unemployment only.
- Insurance required to cover Accident, Sickness and Unemployment, and offer Life cover to repay my loan in the event of my death.
- Term Life Insurance required to offer Life cover only to repay my loan in the event of my death.

Second Applicant (please tick the box that applies)

- No insurance required.
- Insurance required to cover Accident, Sickness and Unemployment only.
- Insurance required to cover Accident, Sickness and Unemployment, and offer Life cover to repay my loan in the event of my death.
- Term Life Insurance required to offer Life cover only to repay my loan in the event of my death.

ABOUT YOU

First Applicant (please tick the box that applies)

Title Full name

D.O.B.

Status Single Married Divorced Widowed

Nationality No. of Children Ages

Mobile telephone number

Work telephone number

Time with bank yrs mths in job yrs mths

Annual Gross Income £

Job title / occupation

Company name

and address

Is your job Permanent Temporary Other

Are you Employed Self employed Retired

If you are self employed, Accountants name

Accountants tel. no.

Other income Source Amount £

Your previous address (if less than 3 years at current address)

Postcode

Dates at previous address From M M Y Y To M M Y Y

Second Applicant (please tick the box that applies)

Title Full name

D.O.B. Relationship to 1st applicant

Status Single Married Divorced Widowed

Nationality No. of Children Ages

Mobile telephone number

Work telephone number

Time with bank yrs mths in job yrs mths

Annual Gross Income £

Job title / occupation

Company name

and address

Is your job Permanent Temporary Other

Are you Employed Self employed Retired

If you are self employed, Accountants name

Accountants tel. no.

Other income Source Amount £

Your previous address (if less than 3 years at current address)

Postcode

Dates at previous address From M M Y Y To M M Y Y

ABOUT YOUR PROPERTY AND MORTGAGE

Your address Home tel. No.

Value of property £ Time at address yrs mths Date of purchase M M Y Y Purchase price £

Is property Freehold Leasehold Construction Walls Roof

Property type House Bungalow Flat Maisonette Flat above a shop If a flat, how many floors How many flats in block

Detached Semi detached Terraced No. of Bedrooms Receptions Bathrooms WC's Garages

Was your property previously owned by your local Council Yes No Did you buy your property under a Right to Buy scheme Yes No


If Yes, discount given £

Mortgage lender's name & address

Mortgage account no. Monthly repayment £ Balance outstanding £

Current arrears £ Highest arrears in the last year £ No. of payments missed

DECLARATION, SIGNATURES AND AUTHORITIES

 Disclosure and use of your information It is important that you **READ THE INFORMATION ON PAGES 19 TO 26 OF YOUR BORROWER INFORMATION GUIDE** - this explains how your data will be used.

I/We confirm the information given in this application is accurate and that you, or any lender to whom you submit this application, may use and disclose my/our data as described in the Borrower Information Guide. I/We authorise you to disclose information to Specialist Financial Services or its subsidiary companies as requested.

I/We do not wish to receive correspondence from you offering other products which you may think may interest me/us. Please note that ticking the box means that we will not be able to tell you about additional benefits available to our customers.

Signed **FIRST APPLICANT SIGNATURE** Date

Signed **SECOND APPLICANT SIGNATURE** Date

Authority to Mortgagee To:

Re:

Address:

Reference:

Please take this as my/four authority to disclose any information requested by Specialist Financial Services or its subsidiaries.

Signed **FIRST APPLICANT SIGNATURE** Date

Signed **SECOND APPLICANT SIGNATURE** Date

