



## Your details

	First applicant	Second applicant
Name	<input type="text"/>	<input type="text"/>
Client reference number	<input type="text"/>	<input type="text"/>

## Your mortgage requirements

Purchaser type	<input type="checkbox"/> First time buyer <input type="checkbox"/> Re-mortgage <input type="checkbox"/> Moving house <input type="checkbox"/> Buy to let <input type="text"/> Overseas purchaser <input type="checkbox"/> Second home <input type="checkbox"/> Other (please specify)	
If Buy to Let	Proposed rent per month	<input type="text"/>
Address of property	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	
Telephone	<input type="text"/>	
Purchase price/valuation	£ <input type="text"/>	
Loan required (if known)	£ <input type="text"/>	
Term required (in years)	<input type="text"/>	
Tenure (freehold, leasehold etc.)	<input type="text"/>	
If leasehold	Expiry date	<input type="text"/> yy
	Ground rent	£ <input type="text"/>
	Service charge	£ <input type="text"/>
Accommodation	<input type="checkbox"/> Bedroom <input type="checkbox"/> Reception <input type="checkbox"/> Bathrooms <input type="checkbox"/> WCs <input type="checkbox"/> Kitchens <input type="checkbox"/> Parking spaces <input type="text"/> Garages	
Construction type	<input type="checkbox"/> Standard <input type="checkbox"/> Non-standard              Specify <input type="text"/>	
Year of construction (approx.)	<input type="text"/>	







## Your details

	First applicant	Second applicant
Full name (including title)	<input type="text"/>	<input type="text"/>
Previous name/maiden name	<input type="text"/>	<input type="text"/>
Date name changed	<input type="text"/> dd <input type="text"/> mm <input type="text"/> yy	<input type="text"/> dd <input type="text"/> mm <input type="text"/> yy
Date of birth	<input type="text"/> dd <input type="text"/> mm <input type="text"/> yy	<input type="text"/> dd <input type="text"/> mm <input type="text"/> yy
Age next birthday	<input type="text"/>	<input type="text"/>
Home address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
Date moved to current address	<input type="text"/> mm <input type="text"/> yy	<input type="text"/> mm <input type="text"/> yy
Residential status; owner, tenant, living with parents, other (specify)	<input type="text"/>	<input type="text"/>
If less than 3 years at current address please provide details of previous address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
Date moved to this address	<input type="text"/> mm <input type="text"/> yy	<input type="text"/> mm <input type="text"/> yy
Residential status; owner, tenant, living with parents, other (specify)	<input type="text"/>	<input type="text"/>
Contact details	Email address	<input type="text"/>
	Mobile	<input type="text"/>
	Fax	<input type="text"/>
	Work phone	<input type="text"/>
	Home phone	<input type="text"/>
Marital status; single, married, separated, civil partnership	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Dependants (including ages next birthday)	<input type="text"/> Number	<input type="text"/> Number
	<input type="text"/> ANB	<input type="text"/> ANB
	<input type="text"/>	<input type="text"/>





## Your details (cont.)

	First applicant	Second applicant
<b>Credit history</b>		
Have you ever had any adverse credit issues or mortgage/loan refused? <b>(If No then other questions in this section are not applicable)</b>		
Have you ever had a judgment for debt or a loan default registered against you?		
Have you ever been declared bankrupt or made an arrangement with your creditors?		
Have you ever failed to keep up your payments under any previous or current mortgage, rental or loan agreement?		
<b>NB, if you answered 'Yes' to any of the above, please enter details here or in the notes section on page 13.</b>		
<b>Current residential mortgage details</b>		
Lender		
Account number		
Amount of loan outstanding		
Term remaining		
Are there any penalties if you transfer or repay your existing mortgage now?		
How much is the penalty?		
Are you prepared to pay these if you transfer/repay your current mortgage?		
What is the sale price or estimated value?		
<b>Bank account details (for Direct Debit purposes)</b>		
Account holder name		
Bank name		
Sort code		
Account no.		





## Your details (cont.)

	First applicant	Second applicant
Are you a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in good health?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a good credit history?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain on notes, page 13	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain on notes, page 13
Occupation / Vocation	<input type="text"/>	<input type="text"/>
Title (if applicable)	<input type="text"/>	<input type="text"/>
Employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Contract worker <input type="checkbox"/> Pensioner <input type="checkbox"/> Self employed <input type="checkbox"/> Temporary <input type="checkbox"/> Other (specify) <input type="text"/>	<input type="checkbox"/> Employed <input type="checkbox"/> Contract worker <input type="checkbox"/> Pensioner <input type="checkbox"/> Self employed <input type="checkbox"/> Temporary <input type="checkbox"/> Other (specify) <input type="text"/>
Name and address of employer/ OR business if self employed	<input type="text"/> <input type="text"/> <input type="text"/> Postcode Tel:	<input type="text"/> <input type="text"/> <input type="text"/> Postcode Tel:
If self employed, name and address of accountant and telephone number	<input type="text"/> <input type="text"/> <input type="text"/> Postcode Tel:	<input type="text"/> <input type="text"/> <input type="text"/> Postcode Tel:
Start date of employment/business	<input type="text"/> mm <input type="text"/> yy	<input type="text"/> mm <input type="text"/> yy
If less than 18 months please provide details of previous employer/ OR business if self employed	<input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> Postcode
Start date	<input type="text"/>	<input type="text"/>
Anticipated retirement age	<input type="text"/>	<input type="text"/>
If loan to run into retirement how will it be paid?	<input type="text"/>	<input type="text"/>





## Your income and expenditure

	First applicant	Second applicant
<b>Income</b>		
Gross basic salary	£	£
OR if self employed, 3 years net profit, year ending (PAYE)	£ Y/E	£ Y/E
	£ Y/E	£ Y/E
	£ Y/E	£ Y/E
Latest bonus/commission/dividends	£	£
What do you expect your bonuses to be in the future?	£	£
Shareholding in Business (%)		
Income from other sources (please specify)	£	£
<b>Total gross income (annual)</b>	£	£
<b>Total net income after tax (monthly)</b>	£	£

## Your combined expenditure

Expenditure (monthly)	Current	Proposed
Mortgage/rent	£	£
Other credit commitments (total)	£	£
Maintenance payments	£	£
	General expenditure (complete break down where appropriate)	General expenditure (complete break down where appropriate)
Insurance	£	£
Pension contributions	£	£
Regular savings	£	£
Utility bills	£	£
Travel cost	£	£
Clothes	£	£
Entertainment/food	£	£
School fees	£	£
<b>Total general expenditure</b>	£	£
<b>Total monthly expenditure</b>	£	£
Buffer (90% max) Outgoings % of income (outgoing/income x 100)	%	%





## Your assets

	First applicant	Second applicant
<b>What savings or investments do you currently hold?</b>		
Cash	£	£
ISAs/PEPs/ Shares	£	£
Property	£	£
Other (please specify)		
<b>Total</b>	£	£

## Your liabilities

**Existing residential and investment mortgage/s (if you hold further mortgages, please provide a schedule)**

- First applicant
- Second applicant
- Joint

- First applicant
- Second applicant
- Joint

- First applicant
- Second applicant
- Joint

	First applicant	Second applicant	Third applicant
Lender			
Address			
Postcode	Postcode	Postcode	Postcode
Account number			
Main residence/second home			
Mortgage type (fixed, capped etc.)			
Term			
Date taken out			
Expiry date			
Interest rate	%	%	%
Market value	£	£	£
Amount outstanding	£	£	£
Monthly cost	£	£	£
Repayment OR interest only			
Penalties			
Portable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No





## Your liabilities

**Loans/credit cards/overdraft/second charges (If you hold further credit please provide a schedule)**

	<input type="checkbox"/> First applicant <input type="checkbox"/> Second applicant <input type="checkbox"/> Joint	<input type="checkbox"/> First applicant <input type="checkbox"/> Second applicant <input type="checkbox"/> Joint	<input type="checkbox"/> First applicant <input type="checkbox"/> Second applicant <input type="checkbox"/> Joint
Type			
Purpose			
Lender			
Account number			
Amount borrowed	£	£	£
Amount outstanding	£	£	£
Monthly cost	£	£	£
Expiry date			
Interest rate			
	%	%	%
Repaid on completion of new mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loan repaid on death	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Your priorities

	First applicant	Second applicant
What benefits do you get through work?		
Do you want to ensure your debts are repaid in the event of your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to ensure your debts are repaid in the event of a serious illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to ensure that in the event of your death your family will be able to maintain their current standard of living?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to ensure that your outgoings are maintained in the event of you being unable to work due to long term illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No





## Your priorities (cont.)

### Your existing protection (including company benefits)

	<input type="checkbox"/> First applicant <input type="checkbox"/> Second applicant <input type="checkbox"/> Joint	<input type="checkbox"/> First applicant <input type="checkbox"/> Second applicant <input type="checkbox"/> Joint	<input type="checkbox"/> First applicant <input type="checkbox"/> Second applicant <input type="checkbox"/> Joint	<input type="checkbox"/> First applicant <input type="checkbox"/> Second applicant <input type="checkbox"/> Joint
Type				
Provider				
Sum assured / Death benefit	£			
Current value (if known)	£	£	£	£
In trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premium	£	£	£	£
Start date				
End date (or term)				

### Other requirements.

Do you wish to consider protecting your mortgage payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like an illustration for building/contents insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a will and is it up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, would you like advice on your will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a solicitor/conveyancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide name, address and contact detail	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
Email address	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
If no, would you like advice on seeking one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require any tax advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require any other financial advice?	<input type="checkbox"/> Retirement planning <input type="checkbox"/> Investments <input type="checkbox"/> Inheritance planning <input type="checkbox"/> Tax planning <input type="checkbox"/> Overseas mortgage <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Retirement planning <input type="checkbox"/> Investments <input type="checkbox"/> Inheritance planning <input type="checkbox"/> Tax planning <input type="checkbox"/> Overseas mortgage <input type="checkbox"/> Other <input type="text"/>





## Your priorities (cont.)

Budget for mortgage (if known)  
(includes any changes to interest rates  
and mortgage protection)

£

£

Are your circumstances likely to  
change in the foreseeable future?

If yes, please specify

Yes  No

Yes  No

If interest only, how are you planning  
to pay off the loan?

Do you wish to

A) Avoid tie-ins **during** a fixed,  
tracker or capped rate  
(ie, no Early Repayment Charges)

Yes  No

If no, maximum tie-in period  months

reason

B) Avoid tie-ins **after** a fixed  
tracker or capped rate  
(ie, no extended tie in to  
Early Repayment Charges)

Yes  No

If no, maximum tie-in period  months

reason

Do you want to cap or fix your  
mortgage payments for a certain  
period?

Yes  No

If yes, for what period?

Do you wish to minimise the first years  
payments in the form of a tracker,  
discount or stepped rate?

Yes  No

If yes, for what period?

Do you wish to be able to vary monthly  
payments or pay lump sums of the  
mortgage without penalty?

Yes  No

Do you wish to be able to vary monthly  
payments or pay lump sums of the  
mortgage without penalty?

Yes  No

reason

Do you wish to have low/no initial  
fees?

Yes  No

reason

Do you wish to have the ability to add  
fees to the loan?

Yes  No

reason





## Your priorities (cont.)

Do you have sufficient funds to cover costs related to your house purchase/new mortgage?

Yes  No

If yes, the amount and where are they coming from, where are they held? (i.e. savings, investments, parents)

If no, how do you intend to meet the cost?

Are you likely to move house within the foreseeable future? (i.e. 3 -7 years)

Yes  No

If yes, approximate timescale and reason

Is it a possibility that you will repay all or part of your loan in the foreseeable future?

Yes  No

If yes, approximate amount and timescale

Do you wish to have the flexibility of linking your current account to the mortgage?

Yes  No

reason

Do you have plans to raise further capital in the future?

Yes  No

If yes, provide estimated amount and timescale

reason

Do you wish to have the flexibility to choose associated insurance?

Yes  No

reason

Do you wish to have the ability for interest to be calculated daily?

Yes  No

reason

Are any existing mortgages/loans being repaid prior to completion of new mortgage?

Yes  No

If no, please explain

Are there any other requirements you would like us to consider?

Yes  No

If yes, please specify

## Notes

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## Client declaration

**Please read carefully then sign and date below**

I/we confirm I/we have received an Initial Disclosure Document (IDD).  
I/we understand that they should be read carefully.

I/we understand that the information I/we have provided is to the best of my/our knowledge correct. I/we have provided this information on the understanding that it is used to form the basis of any advice and recommendation made to me/us and that I/we am/are not under any obligation to take up any recommendations made.

I/we understand that recommendations may be made which involve a regular financial commitment. I/we understand that I/we must be sure of my/our ability to meet that commitment having given consideration to all other expenditure, and the provision for any emergency which may require access to funds.

I/we further declare that I/we do not wish to disclose certain personal/financial information and I/we am/are aware that this may prevent my/our adviser from being able to identify area/s where it might have been appropriate to make a recommendation, or which could have an affect on any recommendations made.

**NOTE: Please understand we reserve the right to decline to give advice if full information is not provided.**

You agree that the information we hold about you (including any sensitive personal data) can be held on computer and/or paper files. You agree that any information which you give us may be processed by us and also disclosed by us to third parties (such as other group companies, independent financial advisers, our regulators and product providers). Please note that Asset Cap may make searches at credit reference agencies in order to assist your application and held and processed by them, for purposes related to providing you with advice, maintaining your client records and processing your application.

Date information initially collected

dd

mm

yy

**First applicant**

Name

Signature

Date

**Second applicant**

Name

Signature

Date

**Adviser**

Name

Signature

Date

As part of the firm's ongoing commitment to build a long-term relationship with me/us, I/we grant my/our express consent that the firm may contact me/us at any time in the future to arrange a review of this or other areas of financial planning. I/we understand that there is no obligation in any discussions I/we may have.

I/we understand that my/our consent may be withdrawn at any time by phoning the principal of the firm or contacting them at the company address.

**First applicant**

Name

Signature

Date

**Second applicant**

Name

Signature

Date





**Additional notes**

A large, empty rectangular box with a light grey border, intended for providing additional notes.

