

Mortgage Quote Request Form

(Data Capture Form Part 1)

Please Complete in Black ink and use Block Capitals

Once Completed Please Send form to: Charles Conran Financial Services (CCFS Online),
221 Greenwich High Road, London, SE10 8NB or Fax to 020 8312 8313 or e-mail to
enquiries@ccifa.co.uk



| First Applicant details | |
|--|---|
| Personal Details (Section 1) | |
| Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |
| Firstname | <input type="text"/> |
| Surname | <input type="text"/> |
| Preferred Name | <input type="text"/> |
| Previous Name | <input type="text"/> |
| Reason for Change | <input type="text"/> |
| Date of Change | DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Current Address (including Postcode) | <input type="text"/> <input type="text"/> |
| Date Moved in | DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Residential Status | |
| Owner | <input type="checkbox"/> |
| Private Tenant | <input type="checkbox"/> |
| Local Authority Tenant | <input type="checkbox"/> |
| Living with Friends/Relatives | <input type="checkbox"/> |
| Living with Parents | <input type="checkbox"/> |
| If Less than 3 years at current address then Previous Address (inc Postcode) | |
| <input type="text"/> <input type="text"/> | |
| Date Moved in | DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Date Moved out | DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Residential Status | |
| Owner | <input type="checkbox"/> |
| Private Tenant | <input type="checkbox"/> |
| Local Authority Tenant | <input type="checkbox"/> |
| Living with Friends/Relatives | <input type="checkbox"/> |
| Living with Parents | <input type="checkbox"/> |
| If more than one previous address please provide details in additional information | |
| Home Tel: | <input type="text"/> |
| Work Tel: | <input type="text"/> |
| Mobile Tel: | <input type="text"/> |
| E-mail: | <input type="text"/> |
| Date of Birth | DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Nationality | <input type="text"/> |
| Right to Reside | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If No Visa Expiry | DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Date of Entry | DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Sex | M <input type="checkbox"/> F <input type="checkbox"/> |
| Marital Status | Single <input type="checkbox"/> Co-habiting <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> |
| Number of Dependents | <input type="text"/> |
| Smoker? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Employment Details (Section 2) | |
| Employment Status | Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> |
| Employment Type | Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contract <input type="checkbox"/> Length <input type="text"/> |
| Employers/Business Name | <input type="text"/> |
| Job Title/Occupation | <input type="text"/> |
| Start Date | DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Expected Retirement Age | <input type="text"/> |

| Second Applicant details | |
|--|---|
| Personal Details (Section 1) | |
| Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |
| Firstname | <input type="text"/> |
| Surname | <input type="text"/> |
| Preferred Name | <input type="text"/> |
| Previous Name | <input type="text"/> |
| Reason for Change | <input type="text"/> |
| Date of Change | DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Current Address (including Postcode) | <input type="text"/> <input type="text"/> |
| Date Moved in | DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Residential Status | |
| Owner | <input type="checkbox"/> |
| Private Tenant | <input type="checkbox"/> |
| Local Authority Tenant | <input type="checkbox"/> |
| Living with Friends/Relatives | <input type="checkbox"/> |
| Living with Parents | <input type="checkbox"/> |
| If Less than 3 years at current address then Previous Address (inc Postcode) | |
| <input type="text"/> <input type="text"/> | |
| Date Moved in | DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Date Moved out | DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Residential Status | |
| Owner | <input type="checkbox"/> |
| Private Tenant | <input type="checkbox"/> |
| Local Authority Tenant | <input type="checkbox"/> |
| Living with Friends/Relatives | <input type="checkbox"/> |
| Living with Parents | <input type="checkbox"/> |
| If more than one previous address please provide details in additional information | |
| Home Tel: | <input type="text"/> |
| Work Tel: | <input type="text"/> |
| Mobile Tel: | <input type="text"/> |
| E-mail: | <input type="text"/> |
| Date of Birth | DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Nationality | <input type="text"/> |
| Right to Reside | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If No Visa Expiry | DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
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| Number of Dependents | <input type="text"/> |
| Smoker? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Employment Details (Section 2) | |
| Employment Status | Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> |
| Employment Type | Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contract <input type="checkbox"/> Length <input type="text"/> |
| Employers/Business Name | <input type="text"/> |
| Job Title/Occupation | <input type="text"/> |
| Start Date | DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Expected Retirement Age | <input type="text"/> |

Applicant One Employment Details Cont.

Basic Salary*

Bonus Guaranteed Regular

Overtime Guaranteed Regular

Commission

Other Income

Tax Credits

Gov. Benefits *For self employed applicants

Maintenance please state last 3 years net profit

Applicant Two Employment Details Cont.

Basic Salary*

Bonus Guaranteed Regular

Overtime Guaranteed Regular

Commission

Other Income

Tax Credits

Gov. Benefits *For self employed applicants

Maintenance please state last 3 years net profit

Financial Commitments (If you have more please complete additional information) Section 3

| Type (Loan, Credit Card) | Month Pay | Balance | End Date | Company | App 1/2/J | To Continue? |
|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

How long have you held your current account? Yrs Mths

Bank Account Number

Sort Code

Credit History (Section 4)

Have you (or if self-employed your business) ever been bankrupt or insolvent or made creditor arrangements? First Applicant Y N

Have you ever owned a property that has been taken into possession as a result of either voluntary arrangement or court action? Second Applicant Y N

During the last 3 years have you ever been in arrears on any mortgage or credit agreement? Y N

If you have answered Yes to any of the above questions please provide details in additional information

Existing Property (Section 5)

N/A First Time Buyer Please Go to next Section

Property to Be Sold Yes No

Property Value

Loan Amount

Existing Property (Section 5) Same as Applicant One Y N

N/A First Time Buyer Please Go to next Section

Property to Be Sold Yes No

Property Value

Loan Amount

Mortgage Type (Section 6)

New Purchase Re-mortgage

Residential BTL Purchase Price/Value

Self-Cert Right to Buy Loan Amount

Shared Equity Share %

Loan Term Years Months

If Re-mortgage and New loan is higher than current loan please give reason additional borrowing

Mortgage Product (Section 7)

Type of Mortgage Required: Fixed Tracker Discount Variable Length e.g. 2 years, Lifetime, etc

Amount of Loan on Capital & Interest Interest Only

Additional Information

Please complete on separate sheet if required

Declaration

I/We am aware that under the data protection act you will keep records of all business transactions for at least six years. I/We or my/our agent may inspect any information relating to your transaction. You treat all client records as confidential and reserve the right to provide copies of your records rather than allow access to records containing information on other clients. Personal information provided will be used by Charles Conran Financial Services and your Independent Financial Adviser in order to advise and service your financial requirements. We may disclose this information to selected third parties for these purposes or where required to do so by law. We ask clients provide us with written instructions to avoid potential dispute. However we are able to accept oral instructions if that should be your preference. I/We also understand that NO credit searches will be performed on my/our behalf without prior permission from me/us or my/our agent. By signing this document I confirm that the information I/we have provided is accurate and I/we are happy for a member of Charles Conran Financial Services to contact us to discuss our situation.

Please contact me by: Phone E-mail Post

Signed Applicant One: _____ Date: _____

Signed Applicant Two: _____ Date: _____