

Mortgage Application Submission Form

(Please do not use correction fluid and initial any changes)

Applicant 1

First Name:

Surname:

Applicant 2

First Name:

Surname:

MORTGAGE

(Please circle options as appropriate)

Type of mortgage
Self-Certification Only

Purchase Remortgage Status Self-Certification

Why can't the Applicant(s) prove income?

- **Applicant 1:** Self-employed Multiple Income Sources Investment Income

Other (please provide as much detail as possible)

- **Applicant 2:** Self-employed Multiple Income Sources Investment Income

Other (please provide as much detail as possible)

Buy-to-Let only

Will the property be occupied by a member of either Applicant's immediate family?

Amount applied for: £

LTV Applied for:

Term applied for: years

Product Category (e.g. light):

Interest Rate: Starting at: %

Changing to: %

Fixed: duration years

Discount: duration years

SALE

(Please circle options as appropriate)

How was the sale conducted?

Advised: date

[Non Advised]: date

FEES

Before Completion (Please complete as appropriate and circle any fees which will be refunded if the [mortgage is not completed])

Advice/packaging fee: £ Will this amount be added to the amount applied for? Y N

Infinity application fee: £

Other fees: £

At Completion (Please complete as appropriate and circle any fees which will be added to the amount applied for)

TT Fee: £ **Completion Fee:** £ **High Lending Charge:** £

Title Insurance: £ (This is mandatory for RTB applications)

RETIREMENT

(Please tell us the age by which each Applicant expects to be retired)

Applicant 1: years

Applicant 2: years

If the Term applied for extends beyond either of those ages, please provide details of the relevant Applicant's post-retirement income

SELLING MORTGAGE ADVISOR

(This section must be completed).

Advisor's Name

Advisor's Address

Postcode:

Telephone:

Fax:

DX:

E-mail:

If advisor is Directly Authorised, please provide FSA number:

If advisor is an Appointed Representative, please provide FSA number:

Appointed Principal's FSA number:

and Appointed Principal's name:

MORTGAGE PACKAGER/PACKAGING MORTGAGE ADVISOR

(Please complete if appropriate)

Packager's Name

Contact

Packager's Address

Postcode:

Telephone:

Fax:

DX:

E-mail:

If advisor is Directly Authorised, please provide FSA number:

If advisor is an Appointed Representative, please provide FSA number:

Appointed Principal's FSA number:

and Appointed Principal's name:

ADVISOR'S DECLARATION

(This must be given by the advisor named above)

I declare that:-

- I hold all permissions from the Financial Services Authority that I am required to hold to sell or package the mortgage applied for
- I have given the Applicant(s) a Key Facts Illustration

Signature:

Date:

Full Name: