

MORTGAGE DATA CAPTURE FORM

LOAN REQUIREMENTS

Rates Schedule	Product	
	Rate	
Mortgage Amount		
Lower Estimated Property Value / Purchase Price		
LTV		
Repayment Type		
Term		
Mortgage Type	Mortgage <input type="checkbox"/> Remortgage <input type="checkbox"/>	
Is the purchase undervalue	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Desired Completion Date		
Number of Sources of Deposit		
Source of Deposit		
Any Additional Builder Incentive	Yes <input type="checkbox"/> No <input type="checkbox"/>	

APPLICANT

Title		
First Name		
Middle Name		
Surname		
Previous First Name		
Previous First Middle Name		
Previous Surname		
Date of Birth		
Expected Retirement Age		
Relationship to First Customer		
Telephone Numbers <small>Please enter at least one</small>	Home	Home
	Work	Work
	Mobile	Mobile
Email Address		
National Insurance Number		
Nationality		
Has the Applicant ever owned their own property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any unspent Criminal Convictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

ADDRESS

Address History (A 3 year address history is required, please complete additional address history on the supplement sheet provided)	Address		Address	
	Residential Status		Residential Status	
	Date until		Date until	
	Date from		Date from	
Landlord Company Name / Housing Association / Council				
Landlord Address				
Landlord Contact Name				
Landlord Email Address				
Landlord Tel				

EXISTING MORTGAGE

Lender Name		
Outstanding Mortgage Amount		
Account Number		

EMPLOYMENT

Employment Status		
Sector		
Type of Employment		
Type of Self Employment		
Employed / Contract Job Title		
Employment Start Date		
Contract End Date		
Company Name		
Company Address		
Company Telephone Number		
Company Contact Name for Reference		
Employee / Payroll Number		
Self-employed: Date Business Established		
Business Name		

Self Employed Share of Annual Net Profit		Year	Income
		20__	
		20__	
		20__	
Does the term extend beyond the applicant's intended or state retirement age?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gross Annual income in retirement	£	£	
Are the applicant(s) aware of any changes to their income that are likely to affect their ability to meet the mortgage payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Details			

EXPENDITURE

Ground Rent and Service Charges Payment		
Personal Goods Payment		
Council Tax Payment		
Utility and Telephone Bills Payment		
Clothing Payment		
Child Care, School and University Fees payment		
Household Goods Payment		
Housekeeping (Food and Washing) Payment		
Entertainment Payment		
Travel Payment		

MONTHLY EXPENDITURE

Debts to be consolidated <small>(Please complete additional debts to be consolidated on the supplement sheet provided)</small>	Payment £	Payment £
	Balance £	Balance £
	Lender £	Lender £
	Account Number	Account Number

MONTHLY EXPENDITURE

Credit commitments (Please complete additional debts to be consolidated on the supplement sheet provided)	Payment £	Payment £
	Balance £	Balance £
	Lender £	Lender £
	To be repaid? <input type="checkbox"/>	To be repaid? <input type="checkbox"/>
Are the Applicant(s) aware of any changes to their expenditure that are likely to affect their ability to meet the mortgage payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details		

CREDIT PROFILE

Discharged Bankruptcy / DRO in the last 72 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you ticked yes to the above question please complete the following:	Start Date:	Start Date:
	Discharge Date:	Discharge Date:
Entered into an IVA?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you ticked yes to the above question please complete the following:	Start Date:	Start Date:
	IVA Discharged? Yes <input type="checkbox"/> No <input type="checkbox"/>	IVA Discharged? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If ticked yes please provide End date:	If ticked yes please provide End date:
Entered into an DMP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you ticked yes to the above question please complete the following:	Start Date:	Start Date:
	DMP Discharged? Yes <input type="checkbox"/> No <input type="checkbox"/>	DMP Discharged? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Any arrears on mortgage(s) or any other credit commitment in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	Any arrears on mortgage(s) or any other credit commitment in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>
Any arrears on rent payments in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the Applicant ever had a property repossessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you ticked yes to the above question please complete the following:	Date of repossession:	Date of repossession:
	Discharge Date:	Discharge Date:
	Repaid or repayment arrangement in place for any outstanding repossession shortfall? Yes <input type="checkbox"/> No <input type="checkbox"/>	Repaid or repayment arrangement in place for any outstanding repossession shortfall? Yes <input type="checkbox"/> No <input type="checkbox"/>
Were the credit difficulties the result of a Life Event?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you ticked yes to the above question please complete the following:	Type of life event:	Type of life event:
	Date of life event:	Date of life event:
	Why is the cause of the historic credit difficulties not expected to continue?	Why is the cause of the historic credit difficulties not expected to continue?

Has the applicant ever had a CCJ? (For Credit Repair only please tick yes)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you ticked yes to the above question please complete the following: (note - these questions are mandatory for Credit Repair only)	Number of CCJs:	Number of CCJs:
	Any CCJs within the last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	Any CCJs within the last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/>

BANK

Account Number		
Sort Code		
Bank Name and Address	Name	
	Address	
Account in Names of	1st	
	2nd	

PROPERTY

Security Address	
Property Region (if the Security Address is unknown)	
Is the Security Property the Main Residence for all Applicant(s) ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ex-Local Authority	Yes <input type="checkbox"/> No <input type="checkbox"/>
Property Type	Flat <input type="checkbox"/> Terraced House <input type="checkbox"/> Semi-detached House <input type="checkbox"/> Detached House <input type="checkbox"/> Bungalow <input type="checkbox"/>
If property type Flat has been ticked please complete the following:	Flat Type: Converted Flat <input type="checkbox"/> Maisonette <input type="checkbox"/> Purpose Built-Flat <input type="checkbox"/> Studio Flat <input type="checkbox"/>
	Number of stories in block:
	On which storey is the flat:
	Is there a communal lift? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Security Property above / adjacent to commercial premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nature of Business of Commercial Premises	
Is the Property currently Under Construction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Year of Construction	
Builder Certificate Type	
Standard Construction	

Number of Rooms	Floors	
	Receptions	
	Bedrooms	
	Kitchens	
	Bathrooms	
	WCs	
	Garages	
	Basements	
Tenure		
Will the property be used for Commercial Purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Agricultural Restrictions	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you ticked yes to the above question please provide more details:		
Estate Agents / Auctioneers	Name	
	Address	
	Telephone	
Contact name for valuer access		
Contact number for valuer access		
Valuer Viewing Instructions		
Name of Vendor / Builder		
Relationship to vendor		
Type of Valuation Required	Mortgage Valuation <input type="checkbox"/> Homebuyer and Mortgage Valuation <input type="checkbox"/>	

SOLICITOR

Solicitor	Name	
	Address	
	Telephone	
	Fax	
	Email	
	DX No	
Primary Contact		

BTL PORTFOLIO

Do the applicant(s) own any investment or Buy to Let properties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you ticked yes to the above question please complete the following:	Total number of properties in portfolio:
	Estimated value of portfolio: £
	Total outstanding balance of all mortgage(s) in portfolio: £
	Total monthly portfolio gross rental income: £
	Total monthly portfolio mortgage repayment(s): £

**** Note: All full Mortgage Applications must be submitted on the Magellan Hub via the Magellan website ****