

Please complete this form in **BLOCK CAPITALS** and in **black ink**

For details of how we will use your information, please complete our **CUSTOMER PRIVACY NOTICE, TERMS OF BUSINESS** and **FEE AGREEMENT**.

APPLICANT DETAILS	Applicant 1	Applicant 2
Title (Mr, Mrs, Ms, Miss, Dr) Forename (<i>ensure correct spelling</i>) Middle Name(s) Surname		
Maiden Name – (<i>if applicable</i>) Legal Status (Married/ Civil Partnership Divorced/Single/Separated)		
Date of any name change in last 6 years		
Date of Birth:		
Nationality:		
National Insurance Number:		
Current Address: (<i>3 years address history required (P.17)</i>) Postcode		
Length of time at current address:		
Anticipated Retirement Age:		
Have you smoked in the last 12 months?		
Current Health Status: Good/ Fine/ Poor		
Relationship to other applicant:		
Dependants: Names/DOB/Relationship Any over 17 not on the mortgage?		
Current residential status: (Homeowner/ Tenant)		
If renting, how much per month?		
Are you on the electoral roll there?		
Contact Detail: Home: Mobile: Email:		
Remortgage/Purchase/Product Transfer	FTB/NTB/ RTB/ BTL	FTB/NTB/ RTB/ BTL
Any foreseeable changes to your circumstances?		

EMPLOYMENT	Applicant 1		Applicant 2	
Current Employer				
Occupation				
Employers Address				
Postcode:				
Employment Status	FT/ PT/ Perm/Contract/Temp		FT/ PT/ Perm/Contract/Temp	
Start Date of current employment (3 years history required p.15)				
Probationary Period?	YES/NO		YES/NO	
Contract of Employment?	YES/NO		YES/NO	
Employee Benefits? (statutory sick pay/ death in service)	YES/NO		YES/NO	
Personal income protection?	YES/NO		YES/NO	
Gross Basic Salary p.a.	£		£	
Guaranteed overtime p.a.	£		£	
Irregular overtime p.a.	£		£	
Commission p.a.	£		£	
Any other income? (BTL/ Pension/ Shares)	£		£	
GROSS ANNUAL INCOME:	£		£	
NET MONTHLY INCOME:	£		£	
What is your highest rate of income tax?	%		%	
Evidence available to support income?	Bank Statements/Payslip/P60		Bank Statements/Payslip/P60	
Benefit Payments Received?	YES/NO		YES/NO	
Child Benefit/ Maintenance	£		£	
Working family tax credits	£		£	
Disability living allowance	£		£	
Incapacity benefit	£		£	
Total Monthly Payments Received?	£			
Evidence to support payments?	DWP/ Court Order		DWP/ Court Order	
Income change in the near future? Details:				
SELF EMPLOYED	Applicant 1		Applicant 2	
Trading Name:				
Business Occupation:				
Start Date:				
Status: Sole Trader/ LLP/ Ltd Company/ Other				
Companies House Registration Number?				
Percentage of business owned?	%		%	
Business Address				
Post Code:				
Do you own your business premises?	YES/NO		YES/NO	
Evidence to support income: 3 years Company Accounts/ SA302 available? 3 years Net profit (Current/Previous 2 years)	Year	Net Profit	Year	Net Profit
		£		£
		£		£
		£		£

ACCOUNTANT		
Company Name:		
Contact Name:		
Address:		
Post Code:		
Telephone Number:		
Accountant Status?	B/keeper/Certified/Chartered	B/keeper/Certified/Chartered
Permission to contact Accountant?	YES/NO	YES/NO

CURRENT MORTGAGE DETAILS (Ownership: Single/ Joint/ Ltd Company)

Current Lender:		
Mortgage Account No:		
Original Purchase Date?		
Original Purchase Price?	£	
Approximate Valuation:	£	LTV %
Amount of Loan Outstanding:	£	Equity:
Time with Current Lender?	Years:	Months:
Mortgage Term Remaining?	Years:	Months:
Repayment method?	Capital Repayment/Interest Only/Part & Part	
Current Monthly Payment?	£	
Current Interest Rate?	%	
Interest rate type?	Fixed/ Discount/ Tracker/ Offset/ LIBOR/ SVR	
When does rate end?		
What Rate will apply after current deal ends?	%	
What will the Monthly Payment be?	£	

REDEMPTION CHARGES (Annual Mortgage Statement)

Penalties if you transfer or repay your mtg early?	Yes / No
How much are they?	£
Date clear of redemption penalty?	Date:
Are you prepared to pay any penalties?	Yes / No
Is your current mortgage Portable?	Yes / No

CREDIT COMMITMENTS (Credit Report Within 30 Days of Mortgage Application)

1 st / ₂ nd	Lenders Name	C/C S/C Loan H/P	Current Balance	Monthly Payment	End Date	Int Rate	Purpose	Secured?	Is Loan Protected	Debt to be Consolidated?	
Total Liabilities: (Including Mortgage)			£	Total Monthly Outgoings: (including liabilities)				£			
Have you previously consolidated Debt?			Yes/No			Consolidated amount?			£		

CREDIT HISTORY	Applicant 1	Applicant 2
Have you ever had a Mortgage or Loan <i>refused</i> ?	YES/NO	YES/NO
Details: Start Date: End Date: Reasons:		
Have you ever failed to keep up payments " <i>default</i> " under any previous or current Mortgage, Rental or Loan Agreement?	YES/NO	YES/NO
Details: Start Date: End Date: Reasons:		
Have you ever had a " <i>County Court Judgement</i> " for a debt or loan default registered against you?	YES/NO	YES/NO
Details: Start Date: End Date: Reasons:		
Total Number:		
Total Value:	£	£
Are they satisfied?	YES/NO	YES/NO
When satisfied:		
Have you ever been declared " <i>Bankrupt</i> " or made an <i>IVA</i> arrangement with your creditors?	YES/NO	YES/NO
Details: Start Date: End Date: Reasons: Date Discharged:		
CREDIT REPORT (Within 30 Days Of Mortgage Application)		
Kredit Karma/ Experian/ Equifax/ other:	YES/NO	YES/NO
Date of issue:		
<u>Additional Notes</u>		

INCOME & EXPENDITURE – (Affordability Analysis)			
INCOME	Applicant 1	Applicant 2	Joint
Applicant 1 take home pay:			
Applicant 2 take home pay:			
Other sources of income:			
Rent from tenants/ lodgers:			
Other Income:			
TOTAL INCOME			
EXPENDITURE	Applicant 1	Applicant 2	Joint
Mortgages/Rent <i>(Only if Continuing)</i>			
Council Tax;			
Utilities/Telephone:			
TV Licence/Satellite/Cable:			
Groceries:			
Clothing:			
Childcare/ Support/ Maintenance:			
Travel Costs:			
Insurance (Home/ Life/ Vehicle/ other):			
Other:			
NON MORTGAGE DEBTS	Applicant 1	Applicant 2	Joint
Credit/Store Card Payments:			
Personal Loan Repayments:			
Other:			
TOTAL EXPENDITURE	£	£	

ASSETS	Applicant 1	Applicant 2	Joint
Savings/Cash ISA/Bonds:			
Stocks/ Investments (ISA)			
Jewellery/Paintings/other:			

PROPERTY PURCHASE (FTB/ MOVER/ RTB/ BTL/BTL Ltd Company)	
Applicant(s)	Single/ Joint/ Ltd Company
Current Lender:	
Account Number:	
Selling Price of Current Property? <i>(if applicable)</i>	£
If Unencumbered <i>(property value)</i>	£
When was your last mortgage redeemed?	Date:
New Property Address:	
Postcode	
Selling Agents / Local Authority if RTB?	
Purchase Price?	£
Loan Amount Required?	£ <input type="text"/> LTV <input type="text"/> %
Deposit Available?	£
Additional Dwelling LBTT?	£
Term Required?	Years: <input type="text"/> Months: <input type="text"/>
Has Interest Been Noted?	Yes/No
Is There a Closing Date	Yes/No
Date of Entry?	
If RTB or Scottish Homes Purchase— Actual Value of Property?	£ <input type="text"/>
Discount Given?	£ <input type="text"/> or <input type="text"/> % given
SURVEY DETAILS:	Company Name: Contact Name: Tel No:
VALUATION <i>(instructed by lender)</i> Rental Income? <i>(Actual / Anticipated)</i> Re-Instatement Costs? <i>(insurance)</i> Retention? Specialist Reports Required? <i>(If Yes - Done By Whom (copy will be required)</i>	£ <input type="text"/> £ <input type="text"/> YES / NO <input type="text"/> if yes, Amount £ <input type="text"/> YES / NO <input type="text"/> Type: Dry/Wet Rot/Damp/Structural
SOLICITORS DETAILS Would you like us to arrange solicitor? If No - Own Solicitor Details:-	YES / NO <input type="text"/> Company Name: Contact Name: Tel No:
LENDERS SOLICITOR:	Company Name: Contact Name: Tel No:
LETTING AGENT <i>(if applicable)</i>	Company Name: Contact Name: Tel No:
<u>Additional Notes:</u>	

REMORTGAGE (Residential/ Buy To Let/Holiday Home/ Second Property)	
Ownership?	Joint/ Single/ Ltd Company
Lender:	
Account No:	
Date of purchase:	
Time with Current Lender:	Years: Months:
Original purchase price:	£
Amount of Loan Outstanding:	£
Approximate Valuation:	£
Loan to Value: (LTV)	%
Term Remaining:	Years: Months:
Repayment method:	Capital Repayment/ Interest Only/Part & Part
Current Rate	%
Monthly Mortgage Premium:	£
Interest rate type	Fixed/ Discount/ Capped/ Tracker/SVR
When does rate end?	
What Rate will apply after current deal ends?	%
What will the Monthly Payment be?	£
Penalties if you transfer or repay your mtg early?	YES /NO
Date clear of redemption penalty?	
How much are they?	£
Are you prepared to pay any penalties?	YES / NO
Is your current mortgage Portable?	YES / NO
RENTAL ADDRESS	
Postcode	
RENTAL INCOME PER MONTH?	£ ACTUAL / ESTIMATED
CONSTRUCTION:	HOUSE/BUNGALOW
Year built? ()	Detached/Semi/Mid Terraced/End Terraced/Flat –
Number of Public Rooms? ()	If flat what floor? _____
Number of Kitchens? ()	How many floors? _____
Number of Bedrooms? ()	If Flat - over commercial premises? YES/NO
Number of Bathrooms? ()	Standard - Brick / Stone?
Number of W/C? ()	Non Standard - Steel/Timber/Concrete /
Garage? ()	Construction Type? _____
Number of Outbuildings? ()	Flat Roof?
Number of Occupants? ()	Name of Construction Type?
	Is there any asbestos in the property? YES / NO <i>(if yes give details)</i>
<u>Additional Notes:</u>	

NEW MORTGAGE DETAILS (Residential/ Buy To Let/Holiday Home/ Second Property)	
KEY INFORMATION ABOUT THE TYPE OF MORTGAGE APPLICABLE TO YOU In order to give you a high standard of service, we need to understand your requirements, attitudes and objectives to help us to provide you with a mortgage fitting your needs and relevant to your circumstances.	
STATE A REASON WHERE YOU ANSWER "YES"	
Avoid uncertainty of interest rate changes:	YES/NO
Fixing mortgage payment for a certain period (Fixed rate):	YES/NO
Paying an upper limit on mortgage payments in the early years (Capped rate)	YES/NO
Minimising mortgage payments in the first few years (Tracker/ Discount rate)	YES/NO
Preferred term of initial scheme: Number Years ()	YES/NO
Able to vary monthly payments and / or pay lump sums off mortgage without penalty	YES/NO
More than 10% per annum?	YES/NO
Does the client require a Borrow Back facility?	YES/NO
No tie-in <u>during</u> a fixed, discounted or capped rate	YES/NO
No tie-in <u>after</u> a fixed, discounted or capped rate	YES/NO
Access to initial sums (full cash back only)	YES/NO
Speed of completion?	YES/NO
Low or no initial fees?	YES/NO
Do you wish to instruct your own solicitor?	YES/NO
Free Legal Fees - Do you prefer to use the lenders conveyancing service if available?	YES/NO
Ability to add fees to the loan- Do you give express consent for mortgage fees to be added to the loan?	YES/NO
No valuation fees?	YES/NO
No arrangement fees, or booking fees or maximum allowed?	YES/NO
Any plans to pay off some, or all of the mortgage in the foreseeable future?	YES/NO
Intention to move home in the foreseeable future (if yes, provide timescales)	YES/NO
To limit or have no high percentage lending fee?	YES/NO
Flexibility of an offset or current account mortgage?	YES/NO
Ability for interest to be calculated daily?	YES/NO
PLEASE INDICATE WHETHER:	
You are concerned about the possibility of future interest rate movements Reason:	YES/NO
You want the certainty of your mortgage being repaid at the end of the term (<i>Summarise Repayment Discussion</i>)	YES/NO
Are you comfortable if all or part of your mortgage is repaid from the proceeds of an investment product i.e. an "Endowment, ISA Or Pension"	YES/NO All/Part
What is your attitude to the risk of repaying your mortgage?	Cautious / Adventurous (if split mortgage both must be circled)
<u>Additional Notes:</u>	

REMORTGAGE/ PURCHASE (Requirement Summary)			
Existing Mortgage Amount?	£	New Mortgage Amount?	£
Debt Consolidation Required?	YES/NO	Consolidation Amount:	£
Commitment: Loan/ Credit Card/ HP/ other	Account Number	Secured YES/NO	Amount
Total Debt to be Consolidated?	£		
Is there any Equity Release for Home Improvement:	£		
Brief description of Home Improvements:	Refurb/Light/Heavy/Extension/other		
Any Other Borrowing Not Covered Above (i.e. fee's) Please give details:-	Broker: Valuation: Product Fee:		
Total Mortgage Amount Required?	£		
Term required?	Years:	Months:	
Reason for Term (<i>i.e. shortest possible within affordability</i>)			
If term goes past retirement age please detail affordability:	YES/ NO		
If client is to continue working past normal retirement please confirm details:	YES/ NO		
If Interest only or Part and Part provide explanation of capital repayment:	YES/ NO		
<u>Additional Notes:</u>			

BUILDINGS & CONTENTS INSURANCE	
Name Of Current Insurer	
Renewal Date:	
Number Of Years Insurance In Place:	
Number Of Years No Claims	
Current Premium: Buildings	£
Current Premium: Buildings & Contents	£
Current Building Sum Insured For	£
Accidental Damage	
Previous Claims History last 3 years	
Type of Claim (i.e. water damage)	
Details of Claim (Buildings or Contents)	
Excess: Compulsory / Voluntary	Buildings: Contents:
Year Built:	
No of Occupants:	
No of Bedrooms:	
Is Property usually unoccupied during the day:	YES / NO
Property Type (Choose 2)	HOUSE / BUNGALOW Detached /Semi/Mid Terraced/End Terraced Or Flat – If Flat what floor? _____ How many floors? _____ If Flat – Is property over a COMMERCIAL premises? YES/NO (<i>If yes, give details</i>)
Property Construction:	Standard – Brick/Stone? Non Standard - Steel/Timber/Concrete Flat Roof? YES/NO Is there any asbestos in the property? YES/NO (if yes give details) Is the Property Ex Local Authority? YES / NO
Is property fitted with an:	Alarm: YES / NO Maintenance Company: Audit Date: Smoke Alarms: YES / NO NW Scheme area: YES / NO Security Locks on doors YES / NO On windows? YES/NO
Contents Sum Insured	Value: £ Accidental Damage : YES/NO Possessions away from home : YES/NO Value: £ Personal Possessions: £ Specified Items: £ Single article limit: £ Family Legal Protection: YES/NO Pedal Cycles: Money/Credit Cards: Freezer Cover: Public Liability Cover: Garden Cover: Other:

ADARESS / EMPLOYMENT HISTORY

Previous Address - 3 Year History:	Date From	Date To	Owner/rental 1st/2nd/Joint
Previous Employment - 3 Year History:	Date From	Date To	1st/2nd

Additional Notes:

EXISTING PROTECTION PROVISIONS			
	Applicant 1	Applicant 2	Joint
PRODUCT PROVIDER			
Start Date			
End Date			
Term Remaining			
Life Assurance			
Critical Illness			
Decreasing/Level			
Original Sum Assured			
Current Sum assured			
IPB - Mthly Benefit			
IPB - Deferred Period			
WOL			
Premium			
Purpose			
Additional Benefits:			
Is this to be reviewed?	YES/NO	YES/NO	
Reason why reviewing:			
ACCIDENT SICKNESS & UNEMPLOYMENT			
PRODUCT PROVIDER			
Monthly Benefit?	£	£	£
Term:			
Deferment Period:			
Premium	£	£	£
Lives Assured			
Purpose i.e. Mortgage/ Personal			
Is this to be reviewed?	YES/NO	YES/NO	
Reason why reviewing?			
EMPLOYERS BENEFITS Details:	Company Pension/Death in Service/Income Protection/other		
STATUTORY SICK PAY Details:			
Have You Cancelled Any Policies In The Past 12 Months? Details:			

PROTECTION YOUR MORTGAGE/ DEBTS AND STANDARD OF LIVING

In order to give you a high standard of service, we need to understand your requirements, attitudes and objectives to help us to provide you with protection needs that are relevant to your circumstances.

LIFE ASSURANCE (TERM)

If you or your partner were to “Die Prematurely” how would this affect your ability to pay the mortgage and bills?

- What would be the impact on you or your partner?
- How do you want to address this?
- If you or your partner died, would you want the mortgage paid in full?
- If not reviewing, what is the reason?

CRITICAL ILLNESS (CIC)

If you or your partner suffered from a “Critical Illness” how would this affect your ability to pay the mortgage and bills?

- What would be the impact on you or your partner?
- How do you want to address this?
- If you or your partner were unable to work due to a critical illness, would you want the mortgage paid in full?
- If not reviewing, what is the reason?
- Would you want the certainty of knowing the cost of this protection would not change? YES/NO

INCOME PROTECTION BENEFIT (IPB)

If you or your partner were unable to work due to “Long Term” sickness, accident or disability how would you be able to maintain your standard of living?

- What would be the impact on you?
- How do you want to address this?
- If not reviewing what’s the reason?

ACCIDENT & SICKNESS (AS+U)

If you or your partner were unable to work due to “Short Term” sickness, accident or disability how would you be able to maintain your standard of living?

- What would be the impact on you?
- How do you want to address this?
- If not reviewing what’s the reason?

REDUNDANCY

If you or your partner were made “Redundant” how would it affect your ability to pay your mortgage and bills?

- What would be the impact on you?
- How do you want to address this?
- If not reviewing what’s the reason?

FAMILY INCOME PROTECTION PLAN (F/PIP)

- F/PIP Death -If you or your partner died, how would your dependents maintain their standard of living?
- F/PIP Critical Illness- If you or your partner was unable to work due to a critical illness how would you and your dependents maintain your standard of living?
- How do you want to address this?

PRIVATE MEDICAL INSURANCE	Applicant 1	Applicant 2
Do you have any private medical insurance (PMI)?		
If so, what is the name of the insurer		
Do you pay for this yourself or is it paid for by your employer?		
Details of Existing cover		
Protection whilst abroad?		
If frequent foreign travel are there any NHS Reciprocal arrangements?		
Do you have any form of hospital income benefit? Amount		
Any restrictions or exclusions		
Details:		
What is the scale or band of hospital that you pay for?		
Does this scale/band include outpatient treatment?		
COST OF CURRENT COVER	£	£

PENSION ARRANGEMENTS	Applicant 1	Applicant 2
Intended Retirement Age?		
Type of Scheme?	Personal/Company	Personal/Company
Employer/ Company?	Defined Benefit/Contribution	Defined Benefit/Contribution
Death in Service?	Life Cover Benefit/Lump Sum	Life Cover Benefit/Lump Sum
Preserved Benefits? Details:		
ADDITIONAL SERVICES		
Pension Referral: YES/NO Would you like to discuss putting your policies in trust: YES/NO Do you have a will, is it up to date: YES/NO Do you have a power of attorney: YES/NO Name of Attorney:		

DECLARATION	
Applicant (1)	Applicant (2)
Print Name:	Print Name
Signature:	Signature
Date:	Date:
Advisor:	
Print Name:	
Signature:	
Date:	
For And On Behalf Of GO Financial Services	

This is our standard Fact Find upon which we intend to rely. For your own benefit and protection you should read these terms carefully before signing them. If you do not understand any point please ask for further information.

YOUR HOME MAY BE REPOSSESSED IF YOU DO NOT KEEP UP REPAYMENTS ON YOUR MORTGAGE