

FSA SUPPLEMENTARY DECLARATION

The information provided in this form is supplementary to the application form and is to be **completed by the mortgage intermediary.**

Mortgage Account Number

If Mortgage Account Number not known, please state:-

Applicant Surname(s): Applicant 1

Applicant 2

Property to be Mortgaged Postcode:

FEES PAID BY THE APPLICANT

Arrangement fee paid to Introducer by applicant(s)	£ <input type="text"/>
Has this fee been included in the loan amount?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Arrangement fee paid to packager (Excluding valuation fee)	£ <input type="text"/>
Has this fee been included in the loan amount?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Valuation fee paid	£ <input type="text"/>
Has this fee been included in the loan amount?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated legal fees to be paid by applicant(s)	£ <input type="text"/>
Has this fee been included in the loan amount?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REPAYMENT VEHICLE DETAILS (ONLY IF MORTGAGE IS INTEREST ONLY)

Repayment Vehicle details:

Policy type	Endowment/ISA/Pension
	Other*
Please state if Other
Provider	<input type="text"/>
Monthly Premium	<input type="text"/>

* Delete as necessary

OTHER INFORMATION

If the term of this mortgage takes the applicant(s) beyond their intended retirement date, please state how you are satisfied, after discussion with all applicants, that payments will be maintained & by what means.

Personal/Company pension ISA Inheritance Other

Please also answer the following questions:-

Projected Retirement Age Applicant 1 Applicant 2

Who recommended the Platform mortgage which was chosen by the applicant(s)?
Packager Yes No
Mortgage Intermediary Yes No

Is this an Advised or Non-Advised Sale? Advised Non-Advised Face to Face Non Face to Face

If the applicant(s) are Self-Certifying income, please state reason below:-

Existing Platform borrower	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Commission / bonus based income	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Second income source is non-PAYE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contract deadline /auction sale	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (please state)	<input type="text"/>	<input type="text"/>

PLEASE ENSURE THAT BOTH SIDES OF THIS FORM ARE FULLY COMPLETED

Have the applicant(s) had 3 or more months arrears (cleared or not) on any secured or unsecured loan in the last 2 years?

Applicant 1: Yes No Applicant 2: Yes No

Please give the details below of any of the following payment obligations:-

Maintenance/alimony	Monthly Amount	<input type="text"/>		
Student Loan(s)	Monthly Amount	<input type="text"/>	Outstanding Balance	<input type="text"/>
IVAs	Monthly Amount	<input type="text"/>	Outstanding Balance	<input type="text"/>

Please provide full details of the source of applicant(s) deposit (Please tick appropriate box):

Savings Inheritance Cashing in Investment Policy
Gift Property Sale Other

Will any commission be paid back to the applicant? Yes No If yes, please state how much

DETAILS OF LOAN REQUESTED

Purpose of Remortgage (tick all that apply, if £ for £ only this can be ticked):-

Home Improvements £ for £ Capital Raising
Business Purposes Debt Consolidation

If Capital Raising, then is a Transfer of Equity involved? Yes No

If consolidating debt when remortgaging or consolidating loans from equity if purchasing, please provide:-
(continue on Additional Information Sheet within Mortgage Application Form if necessary):-

Lender(s) Name

Total Balance(s) to be repaid

Current Total Monthly Repayment

BUY TO LET / LET TO BUY

Is the property to be occupied by an immediate family member? Yes No

INTERMEDIARY DECLARATION

I am authorised by the FSA to carry out the regulated activities covered by this application form and I declare that everything is true to the best of my knowledge.

Signature of Intermediary

Print Name:

Company Name: FSA Number

Company Address:

Date