

Decision in Principle

This form must be completed by the intermediary.

Helping you build your business.

0800 583 0202



**commercial
mortgages4u**

Intermediary details

Contact name: _____ Company name: _____
Mobile: _____ Phone no. _____
Email: _____ Fax no. _____

Applicant Details

Applicant type: trader Individual limited company / partnership
Trading / business name: _____ Nature of business: _____
Business address: _____
Postcode: _____
Is the above address to be the security address? Yes No

First Applicant Title: (Mr/Mrs/Miss/Ms/Other) _____
First & Surname: _____
Date of birth: DD / MM / YYYY _____
Phone no: Home: _____ Work: _____
Mobile: _____ Fax: _____
Email: _____
Home address _____
Postcode: _____

Second Applicant Title: (Mr/Mrs/Miss/Ms/Other) _____
First & Surname: _____
Date of birth: DD / MM / YYYY _____
Phone no: Home: _____ Work: _____
Mobile: _____ Fax: _____
Email: _____
Home address _____
Postcode: _____

Third Applicant Title: (Mr/Mrs/Miss/Ms/Other) _____
First & Surname: _____
Date of birth: DD / MM / YYYY _____
Phone no: Home: _____ Work: _____
Mobile: _____ Fax: _____
Email: _____
Home address _____
Postcode: _____

Forth Applicant Title: (Mr/Mrs/Miss/Ms/Other) _____
First & Surname: _____
Date of birth: DD / MM / YYYY _____
Phone no: Home: _____ Work: _____
Mobile: _____ Fax: _____
Email: _____
Home address _____
Postcode: _____

Contact preference: (please circle which applicant you refer to) App no: 1 2 3 4 Work | 1 2 3 4 Mobile | 1 2 3 4 Home | 1 2 3 4 Email
Correspondence method: App no: 1 2 3 4 by email | 1 2 3 4 by fax | 1 2 3 4 by post

Mortgage Requirements

Preliminary proposal for a commercial mortgage: £ Over: _____ years (10-30 available)

Purpose of loan: _____

What broker fee (if any) will be charged to the client? (Please state if none applies) None

Broker fee: £ _____ CF fee: £ _____

FSA regulated mortgages:

Does the applicant or any relatives of the applicant reside in a greater than 40% share of the property? Yes No

Is the business turnover less than £1m per annum? Yes No

Primary Security

Address of property offered as primary security: _____

Postcode _____

Brief description of property: _____

Tenure of security: Freehold Fuehold (scotland only) Leasehold* * years remaining on lease: _____

Where property owned. Date purchased: DD/MM/YY Purchase Price: £ _____ Current Value: £ _____

Amount of outstanding mortgage: £ _____

Name of mortgagee / landlord: _____ Monthly payment / Rent £ _____

Where property is to be purchased. Purchase Price: £ _____

Source of deposit: _____

Business Stock Value: £ _____ Fixtures and fittings value: £ _____

Additional Security

Address of property offered as additional security: _____

Postcode _____

Brief description of property: _____

Tenure of security: Freehold Fuehold (scotland only) Leasehold* * years remaining on lease: _____

Where property owned. Date purchased: DD/MM/YY Purchase Price: £ _____ Current Value: £ _____

Amount of outstanding mortgage: £ _____

Name of mortgagee / landlord: _____ Monthly payment / Rent £ _____

Residential Property (if different property to additional security)

Where property owned. Date purchased: DD/MM/YY Purchase Price: £ _____ Current Value: £ _____

Amount of outstanding mortgage: £ _____

Name of mortgagee / landlord: _____ Monthly payment / Rent £ _____

Credit History

Current CCJs Yes No How many current CCJs in past 12 months? Amount: £

How many current CCJs in previous 12 months? Amount: £

IVA? Yes No Satisfied? Yes No

Missed mortgage payments in the last 12 months:

Bankruptcy? Yes No

Have they been discharged from bankruptcy? Yes* No N/A If 'Yes' what date: DD / MM / YYYY

Financial Status - Income Evidence

2 Years audited accounts Management accounts Rental income

Employment income Declaration & Accounts letter Self declaration with projections (new business start-ups)

Ability to repay - please state accounting year.

Trading Style: Retail Manufacturing Distribution Service Other*

* If 'Other' please give details:

Turnover: £ Net profit: £ Gross profit: £

Other Income: £ Current annual mortgage payments: £

Rental amount: £ PCM Self certifying? Yes* No Partially self certifying? Yes* No

*If 'yes', certified income per annum: £

Rate Options

Product:

Term over: years Margin: Interest only period:

Additional Information

Once this form has been completed in full, please fax it to: **01923 655 440** or post it to us at the address below.

If you have any questions call us on **freephone: 0800 583 0202**

commercial mortgages4u

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