

ALDENHART FINANCIAL SERVICES LTD

Mortgage and Protection Fact Find

Strictly Confidential

Self

Partner

CLIENTS NAME(S) _____

Basis of Advice

Please note that we only offer the FULL advice and personal recommendation service option for mortgage and protection business.

In order that we may advise you regarding your mortgage and protection requirements, it is essential that we obtain from you current and relevant information. Please therefore complete the following details as comprehensively as you are able.

If you do not wish to disclose certain personal/financial information, please indicate on the relevant section. You should be aware that this may prevent an Adviser from being able to identify areas where it might have been appropriate to make recommendations, or which could have an effect on the recommendations that have been made.

Please understand that we reserve the right to decline to give advice if full information is not provided.

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Authorised and Regulated by the Financial Services Authority (220496)

1 PERSONAL DETAILS

Applicant 1		Applicant 2
Title		
Surname		
Forename(s)		
Current Address		
Postcode		

Contact details

Home Telephone		
Work Telephone		
Mobile		
E-Mail Address		
*Current Occupier Status	Homeowner / renting /staying with family/friends	Homeowner / renting /staying with family/friends
Are you on the electoral role at this property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Length of time at current address	Years Months	Years Months

If less than 3 years at current address please provide previous address

Previous address		
Postcode		

Date of Birth	/ /	/ /
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
*Marital Status	Single/Married/Widowed/Divorced/Separated	Single/Married/Widowed/Divorced/Separated
Number of and age of dependants		
Anticipated Retirement Age	60 / 65 / Other	60 / 65 / Other
National Insurance No.		

Details of bank account For Direct Debit payments (for mortgage or protection policies)

Name of Bank	
Sort Code	
Bank Post Code	
Account Number	
Name of Account Holder(s)	

* Please delete as appropriate

2 PERSONAL FINANCES

Occupation(s)	Applicant 1	Applicant 2
*Employment Status	Employed / Self Employed Retired	Employed / Self Employed Retired
Name of employer		
Occupation		
Length of time in current employment	Years Months	Years Months
Are you currently on a probationary period?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYED APPLICANTS		
Income (<i>annual</i>)		
Basic salary	£ p.a.	£ p.a.
Overtime	£ p.a.	£ p.a.
Bonus	£ p.a.	£ p.a.

SELF EMPLOYED APPLICANTS

Please detail last 3 yrs profits (<i>most recent first</i>)		
Year 1	£	£
Year 2	£	£
Year 3	£	£
Accountant's name, address and telephone number	Tel:	Tel:

OR

I am unable to prove my income but have sufficient income to meet the proposed mortgage repayments.

Signed

Signed

OUTGOINGS (*monthly*)

	Take Home Pay	£ p.m.	£ p.m.
Fixed Outgoings:			
Loans		£ p.m.	£ p.m.
Credit Cards (average monthly repayment)		£ p.m.	£ p.m.
Other (e.g. maintenance)		£ p.m.	£ p.m.
Discretionary outgoings:			
Food		£ p.m.	£ p.m.
Leisure		£ p.m.	£ p.m.
Travel		£ p.m.	£ p.m.
	_____		_____
Net Disposable Income		£ p.m.	£ p.m.

3 PROTECTION PLANNING

ARE YOU A SMOKER? Yes No Yes No

Summary of Priorities:

Grade 1–5 depending on your priorities (1 = most important, 5 = least important) *If unsure, please contact us*

	Applicant 1 Priorities	Applicant 2 Priorities
Life assurance		
Critical Illness Cover (CIC)		
Unemployment Cover		

Existing Life Assurance / Protection *Please insert details of any existing protection policies below:*

POLICIES	1	2	3	4
Provider name				
Type (term, endowment etc.)				
Policy Number				
Life Assured				
Start Date	/ /	/ /	/ /	/ /
Maturity Date	/ /	/ /	/ /	/ /
Death Benefit	£	£	£	£
Monthly Premium	£	£	£	£
Beneficiary				
Purpose				
		FIRST APPLICANT	SECOND APPLICANT	
Total life cover already in place		£	£	
Total Critical Illness already in place		£	£	

Are you aware of any circumstances that might affect protection insurance(e.g. adverse medical history, hazardous occupation or leisure pursuits)? Y ? N (If Yes, please give details below)

4 ADDITIONAL FINANCIAL INFORMATION

(for mortgage applicants only)

	Client 1	Client 2
Will you have funds available to reduce your new mortgage in the next 2-3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please clarify when/how much this will be	£	£
Have you ever had a judgment for bad debt/loan default registered against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been declared bankrupt/made an arrangement with your creditors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever failed to keep up repayments or are you experiencing difficulties on any previous/current mortgage, rental/loan agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details		
Do you wish to consolidate your existing debts (if yes, this will mean your debts will be secured against your home)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you likely to move home within the next 2-3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

* Please delete as appropriate

5 CURRENT MORTGAGE

Current Mortgage(s): - If none, please tick here and go straight to Section 6

	Client 1	Client 2
Lender		
Current property value	£	£
Approx. outstanding mortgage	£	£
Current monthly payment	£	£
Remaining term of current mortgage	Years	Years
Current rate of interest	%	%
Type of current Mortgage	Fixed <input type="checkbox"/> Discounted <input type="checkbox"/> Capped <input type="checkbox"/> Tracker <input type="checkbox"/>	Fixed <input type="checkbox"/> Discounted <input type="checkbox"/> Capped <input type="checkbox"/> Tracker <input type="checkbox"/>
Are there any early repayment charges associated with your current mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Repayment method	Capital + Interest (Repayment) <input type="checkbox"/> Interest Only <input type="checkbox"/> Part + Part <input type="checkbox"/>	Capital + Interest (Repayment) <input type="checkbox"/> Interest Only <input type="checkbox"/> Part + Part <input type="checkbox"/>
If applicable are you prepared to pay penalties if you transfer/repay current mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your current mortgage portable to a new property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have any **other** mortgages or loans etc:

Yes No If yes, include details below

<u>Lender</u>	<u>Amount outstanding</u>	<u>Monthly Payment</u>	<u>Expiry Date</u>
1.			
2.			
3.			

IF YOU DO NOT KNOW THE ANSWERS TO ANY OF THE ABOVE QUESTIONS, PLEASE ASK YOUR EXISTING LENDER FOR FULL WRITTEN DETAILS AND OBTAIN AN UP TO DATE REDEMPTION STATEMENT.

6 NEW MORTGAGE OR REMORTGAGE DETAILS

Purchase price of new property or valuation of existing property (for remortgage)	£	
How much do you wish to borrow?	£	
Term of the new mortgage	Years	
If possible would you like to add any fees to the loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address of property to be mortgaged (if not current address)		
Postcode		
Is this to be your primary residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, please give details (e.g. Buy to Let, Second Home)		
* Property Type		Det House/Semi/Mid-Terrace/End Terrace/Bungalow/Flat
* Tenure		Freehold / Leasehold / Commonhold

* Please delete as appropriate

