

further advance decision in principle



this form must be completed by the intermediary

applicant

date _____

| | |
|--|---|
| existing account number or ref (if known) | |
| limited company or names of individual applicant(s) | |
| is the applicant a limited company? <input type="checkbox"/> yes <input type="checkbox"/> no m | trade/business type |
| does the applicant or a related person (spouse, common law partner, parent, sibling, child, grandchild, grandparent) dwell or intend to dwell at part of the property being offered as security? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| if so, does this part exceed 40% of the total security area? | <input type="checkbox"/> yes <input type="checkbox"/> no m |

security

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|--|
| address of property offered as primary security |
| estimated current value £ |
| is there any other borrowing secured against this property? <input type="checkbox"/> yes <input type="checkbox"/> no |
| if so, please provide name of lender and amount outstanding £ |
| address of any additional security being offered / title number (if known) |
| estimated current value £ |
| is there any other borrowing secured against this property? <input type="checkbox"/> yes <input type="checkbox"/> no |
| if so, please provide name of lender and amount outstanding £ |

further advance

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|---|
| amount requested (min £27k) £ |
| credit status any existing CCJs <input type="checkbox"/> yes <input type="checkbox"/> no if yes, no. 2nd value of unsatisfied CCJs in past 2 yrs £ |
| highest arrears in past 12 months (all secured loans) £ |
| previous bankruptcy <input type="checkbox"/> yes <input type="checkbox"/> no if yes, when was it discharged? |
| previous IVA: <input type="checkbox"/> yes <input type="checkbox"/> no |

intermediary

| | | | |
|---|------------------|--------|-------|
| intermediary | contact name | | |
| will you be advising the customer on this application? <input type="checkbox"/> yes <input type="checkbox"/> no kfi | | | |
| FSA: are you <input type="checkbox"/> a directly authorised firm <input type="checkbox"/> an appointed representative <input type="checkbox"/> an authorised network <input type="checkbox"/> non-authorised m | | | |
| network: | FSA no. m | | |
| telephone | fax | mobile | email |
| Please provide the names of any other introducers who will be remunerated on this case. (Please state none if this does not apply. Please note: this includes names of any AR's) kfi | | | |
| what broker fee (if any) will be charged in total to the client? (please state none if none applies) £ kfi | | | |

| | | |
|----------------------|-------------------|-------------------|
| CFM use only: | account balance £ | current payment £ |
| | arrears £ | max f/a LTV % |

kfi without this information we will be unable to issue a key facts illustration
for those applications that are regulated mortgage contracts.
m mandatory fields which must be completed.

please fax to 01277 359300
(April 07)