

This form can be completed electronically, saved and printed.
If completing manually, please complete in black ink and BLOCK CAPITALS. Complete all boxes which apply.

Date:

Purchase Remortgage

Advisor name: Company name:

Email address: Office address:

Telephone number:

Fax number:

FCA status (please tick as appropriate): Directly Authorised Appointed Representative

Company FCA registration number:

Which Mortgage Network or Club is being used in connection with this application?

Mortgage Club: Mortgage Network (if applicable):

Packager: Network FCA registration number:

Level of service given (please tick as appropriate): Advised Execution only

Packager FCA registration number:

If we are paying a procurement fee will any part of this be refunded to the applicant(s)? Yes No

If YES, how much will be refunded?

Is the applicant(s) paying a fee to you for arranging the mortgage? Yes No

If YES, how much will they pay?

When is the fee payable? On application On offer acceptance On completion

Do you consider there to be any vulnerabilities that the Society should be aware of to enable us to appropriately support your client(s)? (if yes please provide further information in the Additional information Section) Yes No

APPLICANT DETAILS - Please ensure you complete the applicant's details in the order they require the account to be created

	Applicant 1	Applicant 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text"/> Other
Surname	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Middle name(s)	<input type="text"/>	<input type="text"/>
Previous surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date moved to current address	<input type="text"/>	<input type="text"/>
Current residency status:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Renting <input type="checkbox"/> Living with Parents <input type="checkbox"/> Other - please specify	<input type="checkbox"/> Homeowner <input type="checkbox"/> Renting <input type="checkbox"/> Living with Parents <input type="checkbox"/> Other - please specify

Tax status?	<input type="checkbox"/> Basic Rate	<input type="checkbox"/> High Rate	<input type="checkbox"/> Additional Rate	<input type="checkbox"/> Basic Rate	<input type="checkbox"/> High Rate	<input type="checkbox"/> Additional Rate
Number of Buy to Let properties owned?	<input type="text"/> (Both mortgaged and unencumbered)			<input type="text"/> (Both mortgaged and unencumbered)		
First time Landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Nationality	<input type="text"/>			<input type="text"/>		
Permanent right to reside? <i>(only applicable if not British)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Right to live or work in the UK under a Foreign National visa?	<input type="checkbox"/> Yes			<input type="checkbox"/> Yes		
Please confirm type of visa held	<input type="text"/>			<input type="text"/>		
Diplomatic immunity? <i>(only applicable if not British)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you lived in the UK for three or more years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If less than 3 years at current address, please provide previous address:	<input type="text"/>			<input type="text"/>		
Postcode	<input type="text"/>			<input type="text"/>		
Date moved in	<input type="text"/>			<input type="text"/>		
Date moved out	<input type="text"/>			<input type="text"/>		

We require a minimum of 3 years address history for all applicants - continue in the 'Additional Information' section if necessary.

EMPLOYMENT DETAILS

	Applicant 1	Applicant 2
Employment status	<input type="text"/>	<input type="text"/>
If other, please state here	<input type="text"/>	<input type="text"/>
If employed on a contract select type of contract	<input type="text"/>	<input type="text"/>
Is your current employment permanent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If No, please provide full details in the Additional Information Section</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If No, please provide full details in the Additional Information Section</small>
Occupation	<input type="text"/>	<input type="text"/>
Expected retirement age	<input type="text"/>	<input type="text"/>
Gross income from Employment	£ <input type="text"/> Annual	£ <input type="text"/> Annual
Net Income from Employment	£ <input type="text"/> Monthly	£ <input type="text"/> Monthly
Gross Additional Income from Employment	£ <input type="text"/> Annual	£ <input type="text"/> Annual
Frequency of Additional Income from Employment	<input type="text"/>	<input type="text"/>
Did you receive a payment of this additional income in the previous period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Additional Income from Employment	<input type="text"/>	<input type="text"/>
Other Gross Income	£ <input type="text"/>	£ <input type="text"/>
Frequency of Other Gross income	<input type="text"/>	<input type="text"/>

Type of Other Income	<input type="text"/>	<input type="text"/>
Length of service	<input type="text"/> Year <input type="text"/> Month	<input type="text"/> Year <input type="text"/> Month
Are you in any probationary period? If yes, provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SELF EMPLOYED DETAILS

	Applicant 1	Applicant 2
Title in company	<input type="text"/>	<input type="text"/>
Company trading name	<input type="text"/>	<input type="text"/>
Nature of Business	<input type="text"/>	<input type="text"/>
Expected retirement age	<input type="text"/>	<input type="text"/>
Type of company	<input type="text"/>	<input type="text"/>
How long has the business been trading	<input type="text"/> Years <input type="text"/> Months	<input type="text"/> Years <input type="text"/> Months
% of shareholding:	<input type="text"/> %	<input type="text"/> %
Business Year End	<input type="text"/>	<input type="text"/>
Applicant share of net profit: (If Sole trader / Partnership) <small>(Please provide information on the previous three years trading. The Society requires a minimum of two years trading supported by SA302s and corresponding tax overviews plus finalised accounts). (Please note if the income to be used in connection with this application includes retained profits/earnings the Society is unable to proceed on this basis).</small>	£ <input type="text"/> Year End <input type="text"/> £ <input type="text"/> Year End <input type="text"/> £ <input type="text"/> Year End <input type="text"/>	£ <input type="text"/> Year End <input type="text"/> £ <input type="text"/> Year End <input type="text"/> £ <input type="text"/> Year End <input type="text"/>
Salary/Dividend/Share of Net Profit (if Limited Company) <small>(Please provide information on the previous three years trading. The Society requires a minimum of two years trading supported by SA302s and corresponding tax overviews plus finalised accounts). (Please note if the income to be used in connection with this application includes retained profits/earnings the Society is unable to proceed on this basis).</small>	Salary <input type="text"/> Dividend <input type="text"/> Share of Net Profit (after Corporation Tax) <input type="text"/> Year End <input type="text"/> Salary <input type="text"/> Dividend <input type="text"/> Share of Net Profit (after Corporation Tax) <input type="text"/> Year End <input type="text"/> Salary <input type="text"/> Dividend <input type="text"/> Share of Net Profit (after Corporation Tax) <input type="text"/> Year End <input type="text"/>	Salary <input type="text"/> Dividend <input type="text"/> Share of Net Profit (after Corporation Tax) <input type="text"/> Year End <input type="text"/> Salary <input type="text"/> Dividend <input type="text"/> Share of Net Profit (after Corporation Tax) <input type="text"/> Year End <input type="text"/> Salary <input type="text"/> Dividend <input type="text"/> Share of Net Profit (after Corporation Tax) <input type="text"/> Year End <input type="text"/>
Do you have an accountant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your accounts prepared by someone with one of the following qualifications ACA ACCA FCA FCCA CA (Scottish) CIMA CIPFA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



LOAN REQUIREMENTS

Amount required £ Purchase price/current value £

Purpose of Loan

Term Years Repayment type:

If Interest only - Repayment Strategy

Type of property Number of bedrooms

If the property is a flat: Number of floors in the building Floor number of the flat Is the building serviced by a lift? Yes No

Does the building require an EWS1? Yes No If Yes we will require this to be in date and assessed as either A1 or A2
If No we will require certification that the building is compliant with building regulations 2018 from the building owner or developer

If the property is a new build or built within the last 10 years, name of Warranty provider

Does the property have an Energy Performance Certificate (EPC) rated E or above? Yes No
We will only lend on properties with a valid Energy Performance Certificate (EPC) - rated E or above

Have the applicant(s) asked to add on fees where allowed? Yes No

Please select as appropriate:

You are purchasing the property wholly or predominantly with the intention to let it out as a business/investment proposition

Will the property be let to a family member? Yes No If 'Yes' will the let be subject to an AST? Yes No

You are remortgaging a property in which neither you (nor a close relative) have previously resided in, or a property that is currently let subject to a rental agreement on which there is an existing buy-to-let mortgage

You are remortgaging a property that you (or a close relative) have previously resided in or, that you have acquired by means other than a purchase (for example inheritance) and do not own any other rental properties

Purchase only - please confirm source of deposit

Remortgage only - if originally purchased less than 6 months ago please confirm the reason for the remortgage

Purpose of Additional Funds – for example debt consolidation, home improvements or capital raising

5. Credit History

Mortgages and other secured loans – (where more space is required please provide further details within the additional comments section)

* If you have Buy to Let properties please complete section 5a.

	Lender	Address against which the loan is secured	Account Number	Outstanding Term	Outstanding Balance	Monthly Payment	Mortgage Repayment Type	Interest Rate	To be repaid?
App1 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No

5a. Mortgaged Buy to Let Properties – please provide details below

Where more space is required please provide further details within the additional comments section.

	Rental Address	Lender	Date Property Purchased	Current Value	Outstanding Balance	Remaining Term	Monthly Payment	Mortgage Repayment Type	Interest Rate	Monthly Rent Received	To be repaid?
App1 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No

Other unencumbered properties owned / part owned

Address of unencumbered property	Use of unencumbered property i.e. BTL or Second Home

Guarantor on any mortgages or secured loans – please provide details below

	Lender	Address against which the loan is secured	Scope of your liability under the Guarantee
App1 <input type="checkbox"/>			
App2 <input type="checkbox"/>			
App1 <input type="checkbox"/>			
App2 <input type="checkbox"/>			
App1 <input type="checkbox"/>			
App2 <input type="checkbox"/>			
App1 <input type="checkbox"/>			
App2 <input type="checkbox"/>			

5b. Unsecured loans / credit cards / HP – please provide details below

	Lender	Account Number	Outstanding Term	Outstanding Balance	Monthly Payment	To be repaid?
App1 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT DECLARATIONS

	1st Applicant		2nd Applicant	
Have you had a mortgage in the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the applicant(s) ever had a mortgage or loan application refused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the applicant(s) ever had a County Court Judgement for debt or a loan default registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the applicant(s) ever been declared bankrupt or been subject to an Individual Voluntary Arrangement (IVA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever entered into any arrangements with your creditors or are you party to a voluntary arrangement? (please include deferred payments or payment holidays)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the applicant(s) had a court order / decree made against you for debt or is there any such action pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever (voluntarily or otherwise) had a property repossessed by a lender or entered any arrangements for mortgage arrears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you, any member of your family, or any person living with you, ever been cautioned, convicted or charged (but not yet tried) in respect of any criminal offence (excluding motoring convictions)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer is YES to any of the above, please enter full details below.

If further space is needed, please provide details in the additional comments section.

1st/2nd/Joint	Type (i.e. Mortgage, IVA, CCJ)	Relating To	Reason	Date Registered	Amount	Date satisfied / still outstanding

INCOME AND EXPENDITURE (BUDGET PLANNER)	Property 1		Property 2		Property3	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
Rental Income						
Mortgage Payment						
Management & Letting Fees						
Council Tax						
Service Charge						
Insurance Costs						
Property Maintenance						
Allowance for Rental Void						
Utilities						
Gas & Electrical Certificate						
Rented Property Licence Fee						
Ground Rent Costs						
Other Monthly Costs						
Total Expenditure						
Income/Expenditure Differential						



ADDITIONAL INFORMATION (please provide detailed information)

Large empty rectangular area for providing additional information.

I confirm that I have informed my client(s) about the way the Society processes their personal information, and that consent has been obtained for The Chorley Building Society to carry out a credit search, obtain details of their income and employment, take up references and check their identity as deemed necessary. I also confirm that were a spouse or financial associate has been declared as part of the application the client(s) have been asked to inform the spouse or financial associate that their personal information will also be processed by the Society.

Intermediary signature:

Empty rectangular box for intermediary signature.

For Chorley Building Society use only

Affordability ID

Empty rectangular box for Affordability ID.

ESIS Number

Empty rectangular box for ESIS Number.