

PRIVATE & CONFIDENTIAL

**MORTGAGE, GENERAL INSURANCE & PROTECTION
QUESTIONNAIRE**

Applicant 1

Applicant 2

Tel No: _____
Home _____
Work _____ Ext _____
Mobile _____
Email _____

Tel No: Home _____
Work _____ Ext _____
Mobile _____
Email _____

Current Address _____

Current Address _____

Post Code _____

Post Code _____

Length of time at Current address: (If less than 3 years, please give previous address)

Length of time at Current address: (If less than 3 years, please give previous address)

Previous Address _____

Previous Address _____

Post Code _____

Post Code _____

Firm

Adviser

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SECTION 1: PERSONAL DETAILS

	APPLICANT 1	APPLICANT 2
Surname	_____	_____
First Names	_____	_____
Date of Birth	_____	_____
Nationality/Residency	_____	_____
Marital Status	_____	_____
Living with Partner	_____	_____
Smoker/Good Health	/	/
National Insurance	_____	_____

CHILDREN AND DEPENDANTS

Name	Relationship	Date of Birth	Age	Marital Status	Living at home?
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 2: OCCUPATION

	APPLICANT 1	APPLICANT 2
Employment Status - <i>Temporary/Permanent</i> <i>Employed/Self</i> <i>Employed/Unemployed/ Retired, etc</i>	_____	_____
Occupation	_____	_____
Start Date (If less than 1 year please give previous employment details in notes)	_____	_____
Employer (if applicable)	_____	_____
Business Address	_____	_____
Post Code	_____	_____

NOTES:

SECTION 2: OCCUPATION CONTINUED

EARNINGS AND INCOME

	APPLICANT 1	APPLICANT 2
Gross Earned Income (Basic)	Basic Salary £ _____	Basic Salary £ _____
	Guaranteed Overtime/Bonus/Commission £ _____	Guaranteed Overtime/Bonus/Commission £ _____
	Regular Bonus/Overtime £ _____	Regular Bonus/Overtime £ _____
	Other £ _____	Other £ _____
Value of Fringe Benefits (<i>including company car and private health, etc</i>)	£ _____	£ _____
Gross Annual Deposit Income	£ _____	£ _____
Gross Annual Investment Income	£ _____	£ _____
Gross Annual Pension Income	£ _____	£ _____
Other Gross Income (Please give details in notes)	£ _____	£ _____
Total Gross Income	£ _____	£ _____
If Self Employed state Net Relevant Earnings	£ _____	£ _____
Total Monthly Net Income (if known)	£ _____	£ _____
Tax Free Income (please specify)	£ _____	£ _____
Tax Rate	£ _____	£ _____
Date Commenced Self-employment		
Accounts Available	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Profit Past 3 Years		
Do you have an Accountant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details		
Do you expect your employment circumstances to change?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details	_____	_____
Preferred Retirement age	_____	_____
Realistic Retirement age	_____	_____

NOTES:

SECTION 3: HOME & MORTGAGE

APPLICANT 1

APPLICANT 2

Purpose of Loan _____
 Buyer Type _____

EXISTING MORTGAGE

APPLICANT 1

APPLICANT 2

Lender _____
 Mortgage Account Number _____

Repayment Method _____

Current Property Valuation £ _____

£ _____

Current outstanding Mortgage Amount £ _____

£ _____

Current Mortgage Start Date _____

Product _____

Rate _____

Current Monthly Payment £ _____

£ _____

Early Redemption Costs £ _____

£ _____

Remaining Term _____

Are you willing to pay penalties? Yes No

Yes No

Is your mortgage portable? Yes No

Yes No

SECOND MORTGAGE DETAILS

APPLICANT 1

APPLICANT 2

Lender _____
 Mortgage Account Number _____

Repayment Method _____

Current Property Valuation £ _____

£ _____

Current outstanding Mortgage Amount £ _____

£ _____

Current Mortgage Start Date _____

Product _____

Rate _____

Current Monthly Payment £ _____

£ _____

Early Redemption Costs £ _____

£ _____

Remaining Term _____

Are you willing to pay penalties? Yes No

Yes No

Is your mortgage portable? Yes No

Yes No

NOTES	(Give details of any further mortgages)

SECTION 3: HOME & MORTGAGE (CONTINUED)

NEW PROPERTY / REMORTGAGE

	APPLICANT 1		APPLICANT 2
Will this property be your principal main residence?	Yes <input type="checkbox"/> No* <input type="checkbox"/>		Yes <input type="checkbox"/> No* <input type="checkbox"/>
	* Please provide details		*Please provide details
Type of Property	_____	Tenure	_____
Purchase Price	£ _____	Value	£ _____
Amount of Loan Required	£ _____	Term	_____
Right to Buy?	Yes <input type="checkbox"/> No* <input type="checkbox"/>	Shared Ownership?	Yes <input type="checkbox"/> No* <input type="checkbox"/>
Please confirm the maximum amount available for deposit	£ _____	Proportion as % of purchase	_____
Source of Funds	_____		_____
Are you borrowing additional amount over and above the amount needed to purchase the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please state purpose eg home improvements	_____		

Attitude to Mortgage Repayment Risk

	Capital & Interest Repayment	<input type="checkbox"/>
Do you prefer a particular mortgage repayment method:	Interest Only	<input type="checkbox"/>
	Combination (Indicate Split)	<input type="checkbox"/>
If interest only what is the repayment strategy	_____	

SECTION 3: HOME & MORTGAGE (CONTINUED)

MORTGAGE REQUIREMENTS

Your personal circumstances may change throughout the life of your mortgage, with this in mind please consider the following

Monthly mortgage repayment which cannot go above a set amount within a specified period	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fixed Monthly mortgage which means that repayments will not change over a specified period	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please state period you would ideally like to fix your monthly repayments	Years	Months
The cheapest mortgage over the entire term of the loan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A cash back based on the amount of mortgage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discounted mortgage payments in the early years of your mortgage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tracker Mortgage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ability to vary the repayment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ability to make over payments	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ability to make underpayments or take repayment holidays	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ability to link your mortgage to your savings or current accounts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Free Legal fees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No valuation fee	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Valuation fees refunded	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No booking or arrangement fee	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No higher lending charge	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Speed of mortgage completion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Repayment holiday features	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ability to add fees to the loan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Early repayment charges on your new mortgage – having discussed these with your advisor, do you require:		
No early repayment charge on your mortgage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No early repayment charge overhang	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Maximum early repayment charge period	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NOTES

SECTION 3: HOME & MORTGAGE (CONTINUED)

FUTURE CONSIDERATIONS

Given that your circumstances may change subsequent to taking out a new mortgage:

	APPLICANT 1	APPLICANT 2
Income Do you expect your income to change within the foreseeable future?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details		
Expenditure Do you expect your regular outgoings to change in the foreseeable future?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details		
Early Repayment Do you expect to pay off part or all of your mortgage early?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details		
Moving Home Do you expect to move home again?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details, including how long you expect to stay in the property you are considering mortgaging now		
Equity Release Do you expect to release capital from your home in retirement? NB: if yes, complete the Lifetime Mortgage fact find.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Repayment holiday features	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you want to add fees to the loan	Yes <input type="checkbox"/> No <input type="checkbox"/>	

NOTES

SECTION 4: LOANS/HIRE PURCHASE/CREDIT CARDS

	LOAN 1	LOAN 2	LOAN 3
Name of Lender	_____	_____	_____
Borrower	_____	_____	_____
Type	_____	_____	_____
Purpose	_____	_____	_____
Original Term	_____	_____	_____
Amount Borrowed	£ _____	£ _____	£ _____
Term Remaining	_____	_____	_____
Monthly Payment	£ _____	£ _____	£ _____
Amount Outstanding	£ _____	£ _____	£ _____
A.P.R. (if known)	_____	_____	_____

Loans continued

	LOAN 4	LOAN 5	LOAN 6
Name of Lender	_____	_____	_____
Borrower	_____	_____	_____
Type	_____	_____	_____
Purpose	_____	_____	_____
Original Term	_____	_____	_____
Amount Borrowed	£ _____	£ _____	£ _____
Term Remaining	_____	_____	_____
Monthly Payment	£ _____	£ _____	£ _____
Amount Outstanding	£ _____	£ _____	£ _____
A.P.R. (if known)	_____	_____	_____

	APPLICANT 1		APPLICANT 2	
Are all these loans protected by Life Assurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all these loans protected by Critical Illness Cover?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Add to final mortgage amount?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NOTES

SECTION 5: EXPENDITURE

EXPENDITURE ANALYSIS

	APPLICANT 1	APPLICANT 2	JOINT
Mortgage	£ _____	£ _____	£ _____
Loans	£ _____	£ _____	£ _____
Life/Pension	£ _____	£ _____	£ _____
Policies	£ _____	£ _____	£ _____
Council Tax	£ _____	£ _____	£ _____
Gas/Electric/Water	£ _____	£ _____	£ _____
Telephone	£ _____	£ _____	£ _____
TV/Subscriptions	£ _____	£ _____	£ _____
Car Ins./Road Tax	£ _____	£ _____	£ _____
Petrol/Travel Exp	£ _____	£ _____	£ _____
Food	£ _____	£ _____	£ _____
Socialising	£ _____	£ _____	£ _____
Clothes	£ _____	£ _____	£ _____
Holidays	£ _____	£ _____	£ _____
Others	£ _____	£ _____	£ _____
Total Expenditure			
Net Income P.M.	£ _____	£ _____	£ _____
Surplus P.M.	£ _____	£ _____	£ _____
Budget P.M.	£ _____	£ _____	£ _____

Please Provide details of regular liabilities – e.g. Maintenance payments etc.(Do not include voluntary commitments such as membership fees etc)	Type	Amount £		Type	Amount £	
Total		£		Total		£
Do you expect your financial commitment will continue?	Please provide details			Please provide details		

LIFE ASSURANCE, CRITICAL ILLNESS, PRIVATE MEDICAL INSURANCE & INCOME PROTECTION POLICIES

(including mortgage related)

Owner	Life Assured	Provider	Policy Number	Policy Type	Start Date	Maturity Date	Premium/Freq	S/A Income Benefit	C I Cover	WOP	Index Linked	In Trust	Status
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SECTION 6: PROTECTION NEEDS

APPLICANT 1

APPLICANT 2

How much do you need in the event of your death?

How much do you need in the event of suffering a Critical Illness?

How much do you need in the event of being unable to work due to accident or illness?

How much do you need in the event of being unemployed?

Shortfalls

APPLICANT 1

APPLICANT 2

In the event of your death

In the event of suffering a critical illness

In the event of being unable to work due to accident or illness

In the event of being unemployed

NOTES:

SECTION 7: LIFE ASSURANCE & CRITICAL ILLNESS PLANNING

SPECIFIC CONDITIONS / ILLNESS TO BE COVERED:

Condition / Illness	Covered under existing contract		Required under new contract?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 8: PRIVATE MEDICAL INSURANCE

APPLICANT 1 APPLICANT 2

Do you have any form of private medical insurance? Yes No Yes No

If yes please specify _____

NOTES

SECTION 9: INCOME PROTECTION

APPLICANT 1 APPLICANT 2

Does your company provide any benefits in the event of sickness? Yes No Yes No

Company	Owner	SSP Only	Period Full Pay	Period Half Pay	Other

APPLICANT 1 APPLICANT 2

Do you have any form of income protection insurance in the event of sickness? Yes No Yes No

SECTION 10: GENERAL INSURANCE REQUIREMENTS

Details of the Property to be Insured

<p>Buildings Sum Insured (Rebuild/Reinstatement) £ _____</p> <p>Accidental Damage: (Extended) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Buildings cover type _____</p> <p>Type of Property _____</p> <p>If Flat, what floor _____</p> <p>Number of Garages _____</p> <p>Year Built: _____</p> <p>Alarm System Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes NACOSS Approved? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Number of Occupants: _____</p> <p>Is Property to be Let: (Prof / Student / DSS) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Smokers: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Previous Insurer: _____</p> <p>No. of Claims: _____</p> <p>Details of claim(s): _____</p> <p>Voluntary Excess: £ _____</p> <p>Compulsory Excess £ _____</p> <p>Personal Possessions-Unspecified: £ _____</p> <p>Valuables/High Risk-Unspecified £ _____</p> <p>Is property in an area free from Flooding Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Pedal Cycle Limits: £ _____</p> <p>Caravan Cover: £ _____</p> <p>Legal Expenses: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes Amount £ _____</p> <p>Money / Credit Card Cover: £ _____</p> <p>Any renovation works planned? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Contents Sum Insured (Standard Contents) £ _____</p> <p>Accidental Damage: (Extended) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Contents cover type _____</p> <p>If Terrace Mid <input type="checkbox"/> End <input type="checkbox"/></p> <p>Number of Flats in Block _____</p> <p>Building Construction: _____</p> <p>Current Security arrangements _____</p> <p>No. of Bedrooms: _____</p> <p>Mortgage Lender: _____</p> <p>Account No: _____</p> <p>Smoke Alarms: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Purpose of Insurance _____</p> <p>Date Policy to Commence: _____</p> <p>Neighbourhood Watch Area: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Payment Method Annual <input type="checkbox"/> Monthly <input type="checkbox"/></p> <p>Personal Possessions-Specified (>£1,500): £ _____</p> <p>Valuables/High Risk-Specified (>£1,500): £ _____</p> <p>Overseas cover: Duration limits _____</p> <p>Has property ever suffered subsidence or heave? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Garden Cover: £ _____</p> <p>College Cover Limits: £ _____</p> <p>Unoccupied Limits: (More than 30 days) _____</p> <p>Convictions: (Other than standard Motoring Offences) _____</p> <p>If property let – Using Managing Agents? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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SECTION 11: ACCIDENT SICKNESS & UNEMPLOYMENT

<p>Occupation basis for cover _____ Employed / Self Employed</p> <p>Are you a controlling director Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name of Company _____</p> <p>Sick pay entitlement Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have any existing medical conditions Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Policy start date _____</p> <p>Mortgage start date _____</p> <p>Monthly mortgage repayment £ _____</p> <p>Cover for other mortgage related payments _____</p> <p>Do you require additional cover? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any other considerations to take into account: _____</p>	<p>Nature of business _____</p> <p>Full time / Part time _____</p> <p>Do you expect any changes in your employment circumstances over the next 5 years: (If yes, please provide details in the notes section) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>How long employed _____</p> <p>Do you smoke Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Aware of impending redundancy Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Deferred period day 1, 30, 60, or 90 days _____</p> <p>Mortgage lender / Unsecured Loan Provider / Other Loan: _____</p> <p>Monthly salary £ _____</p> <p>Monthly outgoings £ _____</p> <p>How much cover do you require in total? £ _____</p>
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NOTES

SECTION 12: OTHER

Areas of need brought to Client's attention to be covered in Suitability Letter that is not be addressed at this stage:

SECTION 13: DECLARATION

To be completed by Client. Please read this document carefully before signing.

I confirm that I have provided this information on the understanding that it will be used in the strictest confidence and that it does not place me under any obligation to take up any recommendation which may be made.

APPLICANT 1		APPLICANT 2
Signed _____		Signed _____
Date _____		Date _____

Additional Declaration (Delete if not applicable)

I further declare that I have withheld certain details and that I am aware that this may prevent my adviser from being able to provide the best possible advice for my circumstances.

APPLICANT 1		APPLICANT 2
Signed _____		Signed _____
Date _____		Date _____

If you would like us to keep in touch after we have arranged your mortgage finances we shall need your permission. Please certify your authority for us to contact you with details of mortgages and offers which we believe are likely to be of interest to you by signing the declaration below:

APPLICANT 1		APPLICANT 2
Signed _____		Signed _____
Date _____		Date _____

SECTION 14: RECOMMENDATIONS MADE

Advisor Checklist & Summary Recommendation

I have explained the different types of products and interest rate arrangements which might meet the client's needs (including what the client's future repayments might be after any fixed or discounted period)	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
I have explained all of the main repayment methods	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
I have explained the following for interest only mortgages	
The consequences of failing to make suitable arrangements to repay the loan	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
That it is the client's responsibility to ensure a repayments product is maintained or they have the ability to repay the loan, for the duration of the mortgage	
I have explained the consequences of early repayment of the mortgage eg Redemption penalties	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
I have explained the related insurance requirements, eg buildings, contents	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
I have explained the client's responsibility to ensure that all the necessary forms of insurance relating to the property and the mortgage are in place	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
I have explained what insurances are conditional on the mortgage	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
I have explained the itemised costs fees etc associated with the mortgage	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
I have explained whether or not the terms and conditions of the mortgage product are portable in the event of moving house	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
I have explained that client account details may be passed to credit reference agencies by the lender	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
I have explained any tax implications of the new mortgage	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
I have explained the likely cost and role of any high percentage lending fee	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
I have explained the possible consequences for the client's mortgage should their personal circumstances change, accident, sickness, redundancy and the options open to them eg mortgage payment protection insurance	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
I have provided an illustration (which includes any change in payment once the fixed/discounted etc period has expired)	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
If the proposal includes redeeming the client's existing mortgage, I have explained all the associated costs and other possible consequences	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
For joint applications, I have explained the concept of joint and several liability	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>

Mortgage Recommendation

Lender	Product
Reason for Mortgage Recommendation	
Date Selected	Intermediary Name

General Insurance Recommendation

Provider	Product
Reason for General Insurance Recommendation	
Date Selected	Intermediary Name

Pure Protection Recommendation

Provider	Product
Reason for Pure Protection Recommendation	
Date Selected	Intermediary Name