

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:

Mortgage Club: Network name:

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

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 | |
| 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"/> |
| Occupation | <input type="text"/> | <input type="text"/> |
| Expected retirement age | <input type="text"/> | <input type="text"/> |
| Basic Gross Salary | £ <input type="text"/> Annual | £ <input type="text"/> Annual |
| Guaranteed Gross other | £ <input type="text"/> Annual | £ <input type="text"/> Annual |
| Source of income | <input type="text"/> | <input type="text"/> |
| Regular Gross other | £ <input type="text"/> Annual | £ <input type="text"/> Annual |
| Source of 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"/> % |
| Applicant share of net profit: (If Sole trader / Partnership) <small>(Please provide the last 3 years' figures).</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"/> |
| Applicant share of Salary / Dividend if Limited Company <small>(Please provide the last 3 years' figures).</small> | Salary <input type="text"/> Dividend <input type="text"/> Year End <input type="text"/> Salary <input type="text"/> Dividend <input type="text"/> Year End <input type="text"/> Salary <input type="text"/> Dividend <input type="text"/> Year End <input type="text"/> | Salary <input type="text"/> Dividend <input type="text"/> Year End <input type="text"/> Salary <input type="text"/> Dividend <input type="text"/> Year End <input type="text"/> Salary <input type="text"/> Dividend <input type="text"/> Year End <input type="text"/> |



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 Is the property a flat? Yes No

Is the Flat Purpose Built? Yes No if 'yes' we are currently unable to accept applications for Purpose Built Flats. If 'no' please contact the Society to discuss further

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

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

If ex-local authority flat, % of private owner occupancy

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

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

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 | | | | | | |



Coronavirus (COVID-19) Customer Declaration

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

Employed Applicants

Basic Income

| | Applicant 1 | | Applicant 2 | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Has your income been impacted at any point by the pandemic? (if YES please complete the Furlough Section below) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Furlough

| | Applicant 1 | | Applicant 2 | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Are you currently furloughed by your employer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If YES - What percentage/amount of your basic salary is being paid under the Government's Job Retention Scheme? | | | | |
| If YES - What amount (if any) is your employer paying in addition to your furlough pay? | | | | |
| If NO – Have you been furloughed by your employer in the last 12 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If YES – Please confirm the dates between which your salary was paid under the Government's Job Retention Scheme | | | | |
| If YES – Please confirm the date on which your first post-furlough salary was paid by your employer | | | | |

Bonus

| | Applicant 1 | | | Applicant 2 | | |
|--|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| Are the payments you have declared consistent with your current situation? If NO please provide further information below | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Increase in payments (per month) | | | | | | |
| Decrease in payments (per month) | | | | | | |

Overtime

| | Applicant 1 | | | Applicant 2 | | |
|--|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| Are the payments you have declared consistent with your current situation? If NO please provide further information below | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Increase in payments (per month) | | | | | | |
| Decrease in payments (per month) | | | | | | |

Commission

| | Applicant 1 | | | Applicant 2 | | |
|--|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| Are the payments you have declared consistent with your current situation? If NO please provide further information below | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Increase in payments (per month) | | | | | | |
| Decrease in payments (per month) | | | | | | |

Self-Employed Applicants

| | Applicant 1 | | Applicant 2 | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Is your business still trading? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has your business been impacted by the pandemic? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you applied for any of the Coronavirus Support Schemes? If YES please provide further details below including whether your application was successful | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Additional Information – Coronavirus Support Scheme Applications

| |
|--|
| |
|--|



ADDITIONAL INFORMATION (please provide detailed information)

Large empty rectangular area for providing additional information.

I confirm that I have informed my client about the way the Society processes my clients' personal information, and that consent has been obtained for The Chorley Building Society to carry out a credit search.

Intermediary signature:

I have taken into consideration and assessed the impact of COVID-19 on the applicant's employment and income, and have attached the supplementary Coronavirus Declaration. Yes No
This can be found under supporting documents on the 'How to Apply' section of the website.

For Chorley Building Society use only

Affordability ID ESIS Number

V14-0321-int_E2L_DIP