Mortgage review form

For Intermediary use only	Service provided:
Name of Advisor:	Advice _
Name of Intermediary firm:	Will you be charging a broker fee?: Yes No
Mortgage club (if applicable):	Type of fee?
Firm's FCA ref. no. (FRN):	If yes, how much? £:
Date of application:	Are fees refundable?: Yes No
Mortgage scheme inc. interest rate:	Amount refundable: £:
Network firm:	Does the customer have to purchase any
Mortgage account number:	conditional insurance products through your firm? Yes No
Product code(s):	If 'yes', please provide details:
Please send to the West Brom's Intermedia the West Brom, Intermediary Sales and Support team, Hea Telephone: 0345 241 3597 Email: ist@westbrom.co.uk	
is available at www.wbfi.co.uk/product-switch to show the	ociety, you must send income documentation, along with the application. A summary of income evidence acceptable documents that we may require - If income evidence is not supplied when returning the Please send the application and supporting documents to us by using our secure email facility.
Personal details	Applicant 1 Applicant 2

Name: Date of birth: Marital status: (civil partner/single/married/divorced/widowed/separated) Contact details: (include STD code) Tel. Home: Tel. Home: Tel. Work: Tel. Work: Tel. Mobile Tel. Mobile Email: Email: Address: Postcode: Please indicate the number of adult financial dependants: Please indicate the number of child financial dependants: Please state type of investment used to repay interest only amount: ISA 🗌 Pension ___ Endowment ___ Other* Unknown 🗌 *Details:



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Circumstances and plans	Applicant 1	Applicant 2	
Future plans			
Expecting any changes in your financial circumstances?			
Expected retirement age:			
Employment details			
Occupation:			
Employment type:	Employed Self-Employed Retired Homemaker Other	Employed Self-Employed Retired Homemaker Other	
Employer's name:			
Total gross income:	<u>£</u>	£	
Permissible regular overtime (per annum):	£	£	
Permissible regular bonus/commission (per annum):	£	£	
Permissible allowances:	£	٤	
Total:	£	£	
Do you foresee a reduction in the level of your income within the next 3 months? If so, please provide details on the 'Additional information sheet' at the end of this application form.	Yes No No	Yes No No	
Self-employed or Directors with more than 25% shareho	olding		
Is your business?	Partnership Ltd company LLP Sole trader Sub contractor	Partnership Ltd company LLP Sole trader Sub contractor	
Latest return:	£ Projected _	£ Projected _	
Previous return:	£	٤	
% shareholding:			
Other income			
Description and source of other income: (e.g. Investment Income)			
Amount of other income:	£ Per annum	£ Per annum	
Loans and credit cards			
Outstanding loans and credit card balances:	£	£	
Loan and credit card monthly payments:	£	£	
Employment benefits			
Would you get paid if you were off sick from work?	Yes No No	Yes No No	
If "Yes":			
How long would you receive full pay for?	Months	Months	
How long would you receive half pay for?	Months	Months	
Budget planner			
Net Income:		£	
Monthly amount you spend on CSA/Child maintenance/School	£		
Monthly Council Tax payment:	£		
Monthly payment for all insurances and life policies relevant to thi life policies:	٤		
Monthly amount you spend on food and non alcoholic drink:	£		
Monthly amount you spend on travel/transport:	£		
Monthly amount you spend on housing, fuel, power and commun	£		
Other expenditure – please enter the monthly amount you spen	£		

Customer requirements					
Term of mortgage required:	Years:		Months:		
Reason for term selected:					
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Will the mortgage term extend into the customer's retirement? Reason for term extended into customer's retirement:	Yes No No				
Reason for ferm extended into customer's retirement:					
Do you foresee any changes in your personal circumstances?	Yes No No				
Details of changes in personal circumstances:					
I/We have received the above recommendations and confirm the recommendation, I/We understand that I/we will not be fully covered to the confirmation of the confirmati			ments. Where I/we have elected not to accept a		
	All applicants m	ust sign below			
First Applicant's Signature:		Second Applicant's Signature:			
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Please make sure you check that all the information is correct. If you need to make any amendments please do so in black ink, initialling all changes.

Tel: 0345 241 4526

YOUR HOME MAY BE REPOSSESSED IF YOU DO NOT KEEP UP REPAYMENTS ON YOUR MORTGAGE

Head Office: 2 Providence Place, West Bromwich, B70 8AF

Additional information sheet

www.westbrom.co.uk

Calls and electronic communications may be monitored and/or recorded for your security and may be used for training purposes. Your confidentiality will be maintained. The West Brom is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. Register No. 104877. 'the West Brom' is a trading name of West Bromwich Building Society.

