# 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	ne West Brom's Intermediary Sales and Supr	nort team.	

the West Brom, Intermediary Sales and Support team, Head Office: 2 Providence Place, West Bromwich B70 8AF

Telephone: 0345 241 3597 Email: ist@westbrom.co.uk

Please note: When returning this application back to the Society, you must send income documentation, along with the application. A summary of income evidence is available at www.wbfi.co.uk/product-switch to show the acceptable documents that we may require - If income evidence is not supplied when returning the application, this will cause delays in processing the case. 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:	Postcode:			
Nationality:					
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 Endov	vment				
Unknown Other*	*Details:				



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 Other	Employed Self-Employed Retired  Homemaker Other
Employer's name:		
Total gross income:	<u>£</u>	<u>£</u>
Permissible regular overtime (per annum):	<u>£</u>	<u>£</u>
Permissible regular bonus/commission (per annum):	<u>£</u>	£
Permissible allowances:	<u>£</u>	٤
Total:	<u>£</u>	<u>£</u>
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:	£	<u>£</u>
% 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/Schoo	£	
Monthly Council Tax payment:	£	
Monthly payment for all insurances and life policies relevant to this life policies:	<u>£</u>	
Monthly amount you spend on food and non alcoholic drink:	£	
Monthly amount you spend on travel/transport:	<u>£</u>	
Monthly amount you spend on housing, fuel, power and commun	<u>£</u>	
Other expenditure – please enter the monthly amount you spen-	£	
Ground rent per annum (if applicable)	<u>£</u>	
Service charge per annum (if applicable)	£	

Customer requirements					
Term of mortgage required:	Years:		Months:		
Reason for term selected:					
Will the province town outered into the question of actions and	V D N- D				
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	nust sign below			
First Applicant's Signature:		Second Applicant's Signature:			
5					

# 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.

