

Countrywide Mortgage Centres

Satellite Packager ~ Agreement in Principle Form

Fax to: 01234 219247

CONSULTANT NAME: _____ TEL: _____ FAX: _____
 BDM: _____

PURCHASE REMORTGAGE BUY to LET LET to BUY RTB
 REPAYMENT INTEREST ONLY STATUS SELF CERTIFICATION
 PURCHASE PRICE £ _____ LOAN £ _____ TERM: _____ years LTV: _____
 HOUSE FLAT MAISONETTE EX-LOCAL AUTHORITY **YES** **NO**

PERSONAL DETAILS	1st APPLICANT	2nd APPLICANT
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TITLE (MR/MRS/MISS)	<input type="text"/>	<input type="text"/>
FORENAME(S)	<input type="text"/>	<input type="text"/>
SURNAME	<input type="text"/>	<input type="text"/>
PREVIOUS/OTHER NAME	<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"/>
CURRENT ADDRESS	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	POST CODE <input type="text"/>	POST CODE <input type="text"/>
TIME AT ADDRESS	<input type="text"/> YRS <input type="text"/> MNTHS	<input type="text"/> YRS <input type="text"/> MNTHS
HOME TELEPHONE No.	<input type="text"/>	<input type="text"/>
PREVIOUS ADDRESS	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	POST CODE <input type="text"/>	POST CODE <input type="text"/>
Please provide FULL address details for the last 3 years (use additional information box if necessary)		
TIME AT ADDRESS	<input type="text"/> YRS <input type="text"/> MNTHS	<input type="text"/> YRS <input type="text"/> MNTHS
ARE YOU A FIRST TIME BUYER?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
CURRENT RESIDENTIAL STATUS	<input type="text"/>	<input type="text"/>
MARITAL STATUS (SINGLE/MARRIED)	<input type="text"/>	<input type="text"/>
NUMBER of DEPENDANTS	<input type="text"/> AGES <input type="text"/>	<input type="text"/> AGES <input type="text"/>

EMPLOYMENT DETAILS	1st APPLICANT	2nd APPLICANT
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EMPLOYMENT STATUS	EMPLOYED <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/>	EMPLOYED <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/>
ACCOUNTANT	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
TIME in CURRENT EMPLOYMENT	<input type="text"/> YRS <input type="text"/> MNTHS	<input type="text"/> YRS <input type="text"/> MNTHS
Full 12 months employment history required.(use the additional information box if necessary)		
JOB TITLE	<input type="text"/>	<input type="text"/>
GROSS ANNUAL BASIC INCOME	£ <input type="text"/>	£ <input type="text"/>
GROSS ANNUAL O/TIME / COMM etc	£ <input type="text"/>	£ <input type="text"/>
GROSS ANNUAL OTHER INCOME	£ <input type="text"/>	£ <input type="text"/>
TOTAL INCOME	£ <input type="text"/>	£ <input type="text"/>
EMPLOYERS TELEPHONE No.	<input type="text"/>	<input type="text"/>
CONTRACT TYPE (Perm/Temp/Contct)	<input type="text"/>	<input type="text"/>

CREDIT DETAILS	1st APPLICANT	2nd APPLICANT
DO YOU HAVE A CURRENT ACCOUNT ?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
NUMBER OF YEARS HELD ?	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>
HAVE YOU BEEN BANKRUPT ?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES PLEASE PROVIDE DETAILS IN ADDITIONAL INFORMATION BOX		
HAVE YOU HAD RENT/MORTGAGE ARREARS ?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES WHEN IN LAST 12 MONTHS ?	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>
HAVE YOU ANY DEFAULTS ?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES PLEASE PROVIDE DETAILS IN ADDITIONAL INFORMATION BOX		
HAVE YOU ANY CCJ's ?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES PLEASE PROVIDE DETAILS IN ADDITIONAL INFORMATION BOX		
NUMBER OF CREDIT/STORE CARDS ?	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>

COMMITMENTS (Including Mortgage/Loans/Credit Cards/Credit Agreements)					
APP 1/2 JOINT	LENDER	MONTHLY AMOUNT	O/S BALANCE	REPAID ON COMPLETION	
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N

ADDITIONAL INFORMATION

DO YOU WANT A CREDIT SEARCH DONE ? YES NO
 If yes, which Lender and Rate? _____

DECLARATION	
<p>I HAVE RECEIVED PERMISSION FROM THE ABOVE CLIENTS TO ACT ON THEIR BEHALF IN RESPECT OF THIS APPLICATION AND FOR ALL INFORMATION RELATING TO THIS APPLICATION TO BE MADE AVAILABLE TO ME. THE INFORMATION ON THIS APPLICATION WAS OBTAINED FAIRLY AND IS TO THE BEST OF MY KNOWLEDGE TRUE. I HAVE RECEIVED PERMISSION FROM MY CLIENTS TO PASS THIS APPLICATION TO COUNTRYWIDE MORTGAGE CENTRES (CMC) WHO WILL USE THE INFORMATION ON THIS APPLICATION TO TRY AND SECURE MORTGAGE LENDING FOR THEM. MY CLIENTS GIVE CMC PERMISSION TO PASS THIS INFORMATION TO THIRD PARTY LENDERS FOR THE PURPOSE OF ASSESSING THIS APPLICATION. MY CLIENTS GIVE THE LENDER TO WHICH CMC HAS PROVIDED THIS INFORMATION PERMISSION TO MAKE SEARCHES ABOUT THEM WITH CREDIT REFERENCE AGENCIES THAT WILL SUPPLY THEM WITH CREDIT INFORMATION FOR USE IN ASSESSING THIS APPLICATION AND VERIFYING THEIR IDENTITY. I HAVE ADVISED MY CLIENTS THAT WHEN SUCH SEARCHES TAKE PLACE, A RECORD OF THE SEARCH WILL BE RECORDED AT THE AGENCY WHETHER OR NOT THE APPLICATION PROCEEDS.</p>	
SIGNATURE _____	DATE _____
COMPANY _____	FSA No. _____