

# MORTGAGE QUOTE

Title Mr/Mrs/Ms./Miss/Dr	Client 1	Client 2
Forenames		
Surname		
Full postal address*		
Post code: *If residence at the property less than 3 years then please provide previous addresses in the notes section		
Email Address		
Telephone	Client 1	Client 2
Home		
Business		
Mobile		
Other		
Date of Birth		
Sex		
Marital Status		
Good or Better Health?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*
Smoker <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*
UK domiciled & UK tax	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*
Employment Status Retired/ Job Seeker/	Employed/ Self-employed/ Retired/ Job Seeker/	Employed/ Self-employed/ Retired/ Job Seeker/
Other*		

Unless requested below a full review will be carried out. If you wish to restrict advice to specific areas then there may be additional needs that will not be addressed or the advice may have been different if a full review had been conducted.

Restricted review Yes No\*

	Client 1	Client 2
Personal protection (death, ill health, medical costs etc.)		
Residential Mortgage needs		
Buy to let		
Further Advance		
Right to Buy		
Shared Ownership Scheme		
Other Lending (trustee)		
Home Purchase Plan (Islamic Mortgage)		
General Insurance needs		
Other		

Please confirm the type of client you are.		
First Time buyer		
House Mover		
Reviewing existing Mortgage only		
Debt Consolidation		
Capital raising		

Notes regarding your priority needs.