

# Application Form

Please clearly complete all details in **black ink**. If details are missing the application may be delayed.  
Please complete online or fax to 020 7014 3618.

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Intermediary Details		V28 18/3/2009
Intermediary Contact _____	Intermediary Firm _____	
Address _____	Postcode _____	
Tel Number _____	Fax Number _____	
Mobile Number _____	Email _____	
FSA Number _____	Preferred Contact Method <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email	
Please Tick to indicate if the application was taken	Face to Face <input type="checkbox"/>	Non Face to Face <input type="checkbox"/>
Please Tick to indicate if the client was	Advised <input type="checkbox"/>	Not Advised <input type="checkbox"/>

Source of Introduction (Packager or Network)	
Company Name _____	Contact Name _____
Address _____	Postcode _____
Tel Number _____	Fax number _____
Mobile Number _____	Email _____
FSA Number _____	

Intermediary Declaration	
Fee Percentage _____ % (+ 1.00% Pure Bridging Completion Fee) = _____ %	
I fully support this application and confirm that the original form and required documents will be posted to Pure Bridging within 48 hours.	
Signed _____	Name _____ Date _____
Company _____	FSA Number _____

Other Details (please indicate)	
Is the security a residential property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the loan will you or your immediate family reside in the property to be used a security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will we secure our lending by way of a first charge on the property to be used as security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the loan to an individual / group of individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answer "Yes" to all of these then please contact us to discuss the case in more detail.	



# Application Form

Income Details	Client 1	Client 2	V28 18/3/2009
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed	
Occupation	_____	_____	
Name of Employer / Business	_____	_____	
Position Held	_____	_____	
Length of Service / Business	_____Y_____M	_____Y_____M	
Address of Employer	_____	_____	
	_____Postcode_____	_____Postcode_____	
Work Telephone Number	_____	_____	
National Insurance Number	_____	_____	
Annual Gross Income / Net Profit	£_____	£_____	
Accountants Name	_____	_____	
Accountants Address	_____	_____	
(if self employed)	_____	_____	
	_____Postcode_____	_____Postcode_____	
Accountants Telephone	_____	_____	
Accountants Email	_____	_____	

Client Solicitor Details	
Firm Name _____	Contact _____
Address _____	
_____Postcode_____	
Telephone _____	DX Address & Number _____
Fax Number _____	Email _____
<p>Please instruct your Solicitor so that they will be expecting our Solicitor to contact them. We will require them to respond to our Solicitor enquiries immediately to prevent any delays. We prefer to communicate by email and telephone to further prevent delays.</p>	

# Application Form

<b>Property (Security) Details</b>		V28 18/3/2009
<input type="checkbox"/> <u>Residential</u> - <input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Investment	
<input type="checkbox"/> <u>Commercial</u> - <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Comm Dev <input type="checkbox"/> General <input type="checkbox"/> Post Office <input type="checkbox"/> Creche/Day Nursery		
<input type="checkbox"/> <u>Semi-Comm</u> - <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Comm Dev <input type="checkbox"/> General <input type="checkbox"/> Post Office <input type="checkbox"/> Creche/Day Nursery		
Address _____	Postcode _____	
Brief Details _____	<input type="checkbox"/> New build <input type="checkbox"/> Works required	
<b>Status</b>	<input type="checkbox"/> Vacant <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenanted <input type="checkbox"/> Part occupied/part tenanted	
<b>Ownership</b> (a) <input type="checkbox"/> Owned with no mortgage		
-----		
(b) <input type="checkbox"/> Owned with mortgage/secured charge		
Lender Name _____	Account Reference _____	
Lender Address _____	Postcode _____ Term Left _____	
Lender e mail address _____	Lender telephone _____	
Original Loan Amount	£ _____	Redemption figure £ _____ Monthly Payment £ _____
Amount Outstanding	£ _____	Current Arrears £ _____ Highest Arrears _____ months
-----		
(c) <input type="checkbox"/> To be Purchased Purchase Price £ _____ Vendor's name _____		

<b>Details of Additional Security</b>	
<input type="checkbox"/> <u>Residential</u> - <input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Investment
<input type="checkbox"/> <u>Commercial</u> - <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Comm Dev <input type="checkbox"/> General <input type="checkbox"/> Post Office <input type="checkbox"/> Creche/Day Nursery	
<input type="checkbox"/> <u>Semi-Comm</u> - <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Comm Dev <input type="checkbox"/> General <input type="checkbox"/> Post Office <input type="checkbox"/> Creche/Day Nursery	
Address _____	Postcode _____
Brief Details _____	<input type="checkbox"/> New build <input type="checkbox"/> Works required
<b>Status</b>	<input type="checkbox"/> Vacant <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenanted <input type="checkbox"/> Part occupied/part tenanted
<b>Ownership</b> (a) <input type="checkbox"/> Owned with no mortgage	
-----	
(b) <input type="checkbox"/> Owned with mortgage/secured charge	
Lender Name _____	Account Reference _____
Lender Address _____	Postcode _____ Term Left _____
Lender e mail address _____	Lender telephone _____
Original Loan Amount	£ _____ Redemption figure £ _____ Monthly Payment £ _____
Amount Outstanding	£ _____ Current Arrears £ _____ Highest Arrears _____ months
-----	
(c) <input type="checkbox"/> To be Purchased Purchase Price £ _____ Vendor's name _____	

# Application Form

Credit History	Client 1	Client 2
<b>a</b> Have you ever been refused a mortgage on the property to be mortgaged or any other property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Have you ever had a judgement for debt recorded against you or if a controlling Director, against your company?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b> Have you ever been bankrupt or compounded with your creditors?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> Have you ever failed to keep up your payments under any present or previous mortgage, rental or loan agreement?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> Have you ever been convicted of or charged with any criminal offence other than a driving offence?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>f</b> Have you made a claim to the DSS in the last 12 months?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>g</b> Have you ever had any County Court Judgements (CCJ's) or defaults recorded against you?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>h</b> Is there a possession order against your home/the property being used as security?...	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered <b>Yes</b> to any of the questions above please provide full details in additional information / notes.		

Bank Account Details	Client 1	Client 2 (if different)
Name of Bank	_____	_____
Address of Bank	_____	_____
	_____	_____
	_____Postcode_____	_____Postcode_____
Account Name	_____	_____
Sort Code	____ - ____ - ____	____ - ____ - ____
Account Number	_____	_____

Payment Options
<input type="checkbox"/> Retained * (This will be included in the LTV calculation)
* Pure Bridging will increase your client's loan to include an amount that we will retain to cover interest. This will remove the requirement for your client to make monthly payments. When the loan is redeemed, we will credit your client with any unused interest retention. Please note: The loan must still fit within the LTV parameters.

# Application Form

<b>Valuation</b>		- Please note we use the open market value in calculating our loan to value		V28 18/3/2009
Has a valuation been instructed and carried out in the last 90 days?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please provide the details below and arrange to have the report addressed and sent to Pure Bridging.				
Open Market Valuation £	_____	Date of Valuation	_____	Valuer
If no, do you wish for us to instruct a valuer at this stage or after application? (The fee for this will need to be paid directly by the client)				
		<input type="checkbox"/> Now	<input type="checkbox"/> After Application	
Contact Details for valuation:				
Name	_____		Telephone Number	_____

<b>Valuation Fee Payment</b>				
Type of Card (Please tick)	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Other
Cardholders Name (as on card)	_____			
Cardholder Address	_____			
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start Date	____ / ____ / ____	Expiry Date	____ / ____ / ____	Issue Number (switch)
Card Security Number (the last three digits from the reverse of the card)	_____			
Signed	_____	Name	_____	Date
				____ / ____ / ____

<b>Declaration Client 1</b>		<b>Client 2</b>	
I/We authorise Pure Bridging to complete a credit search on me/us for the purpose of considering this loan application. I/We declare that all the above statements are true in all respects and that I/We agree that they shall be the basis of the contract between Pure Bridging and myself/ourselves. I/We authorise you to release information to the organisation/individual stated in Intermediary Details/Source of Business. I/We authorise you to release the information above to any Third Party as may be required in the course of your business or for the compilation of general credit reference information. I/We understand that a fee will be paid to my intermediary for introducing this loan. I/We understand that this loan will be secured against my property.			
Signature	_____	Signature	_____
Name	_____	Name	_____
Date	____ / ____ / ____	Date	____ / ____ / ____
<b>WARNING: Your home may be repossessed if you do not keep up repayments on your mortgage</b>			
Under the Data Protection Act 1998 you are entitled to know what information is held about you on our computers and on certain other records and to ask for any inaccurate details to be amended. If you have any questions about the Data Protection Act, or your rights under it, please write to the Data Protection Officer at Pure Bridging Limited, Unit 5.07, Enterprise House, 1/2 Hatfields, London SE1 9PG.			

# Application Form

**Third Party Authorities (if required)**

V28 18/3/2009

**Authority to Mortgagee**

To (Mortgagee) \_\_\_\_\_ Tel No. \_\_\_\_\_

Mortgagee Address \_\_\_\_\_ Fax No. \_\_\_\_\_

Address of Property \_\_\_\_\_

Mortgage Account Number \_\_\_\_\_ I/We hereby authorise you to accept a copy of this authority to supply any information requested in respect of my/our loan with you, now and on any future occasion. Please create a permanent record of this authority until the loan is repaid.

Full names of Borrower(s) \_\_\_\_\_ Borrower 2 \_\_\_\_\_

Signature \_\_\_\_\_ Signature 2 \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional Information / Notes**

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Firm FSA Number		FSA Individual Ref No.	
Client Name/s	1	2	
Was the verification taken	Face to Face <input type="checkbox"/>	Non Face to Face <input type="checkbox"/>	

## Applicant's Verification

	First Applicant	Second Applicant
<b>Item 1</b>		
Type of name verification provided		
Document Reference		
Issuing office/organisation		
Date of issue		
<b>Item 2</b>		
Type of name verification provided		
Document Reference		
Issuing office/organisation		
Date of issue		
<b>Item 3</b>		
Type of address verification provided		
Document Reference		
Issuing office/organisation		
Date of issue		
<b>Item 4</b>		
Type of address verification provided		
Document Reference		
Issuing office/organisation		
Date of issue		

## Declaration

I confirm I have seen the original documents and enclose certified copies.  
This application carries my full support and I recommend it to proceed.

Signature	
Name (PRINT)	
Company	
Date	

When you, as Intermediary, collect information from the applicant(s) for the purposes of an application for a Pure Bridging mortgage, you become a data processor under the provisions of the 7th Data Protection Act principle and subject to our processing terms.