



# Decision in Principle Form

Please clearly complete all details in **black ink**. If details are missing the Decision In Principle may be delayed. Please complete online or fax to 020 7014 3618. Page 1 of 2  
Decision in Principle approvals are valid for 10 working days, an application will then be required.

<b>Intermediary Details</b>		V2/03/2007
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	

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

<b>Client Details</b>	
<b>First Client</b>	<b>Second Client</b> (if applicable)
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr
Full Name _____	Full Name _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Co-habiting	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Co-habiting
Date of Birth        /        /	Date of Birth        /        /
Email _____	Email _____
Home Tel _____	Home Tel _____
Work Tel _____	Work Tel _____
Mobile Tel _____	Mobile Tel _____
Residential Address _____	Residential Address _____
Time at Address    y    m    Postcode _____	Time at Address    y    m    Postcode _____
(Please supply address history for the past three years. Please use additional page & provide dates). (If there are additional clients then please provide these on an additional page).	



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Financial Details			
Amount Required	£ _____	Est. <b>90 day</b> value of Security	£ _____
Purchase Price (if applicable)	£ _____	Outstanding Mortgage	£ _____
Loan Term Required	_____ months (maximum 11 months, reassessed after 6 months to extend to 11)		

Loan			
Purpose of Loan	<input type="checkbox"/> Property Purchase	<input type="checkbox"/> Refinance	<input type="checkbox"/> Property Improvements
	<input type="checkbox"/> Debt Consolidation	<input type="checkbox"/> Details/Other _____	
Exit Strategy	<input type="checkbox"/> Open	Timeframe _____ months (approx)	
	<input type="checkbox"/> Closed	Timeframe _____ months, <input type="checkbox"/> Refinance <input type="checkbox"/> Sale of Property <input type="checkbox"/> Other _____	

Indication of Credit / Payment History		
<input type="checkbox"/> Good	<input type="checkbox"/> Okay	<input type="checkbox"/> Poor

Nature of Security Charge	
<input type="checkbox"/> 1 <sup>st</sup> Charge	<input type="checkbox"/> 2 <sup>nd</sup> Charge

Payment Choice	
<input type="checkbox"/> Pay Interest Monthly	<input type="checkbox"/> Roll up Interest

Property (Security) Details			
Security Description _____			
Security Address/es _____			
Estimated Security Value	£ _____	Source of Estimate	_____ Date _____

Valuation - Please note we use the 90 day projected market value in calculating our loan to value			
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.			
90 day Valuation	£ _____	Date of 90 day 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 _____			

Other Details (please indicate)			
Is the security a residential property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
During the loan will the client or 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.			