

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.

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	

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

Client Details	
First Client	Second Client (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).	

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 2 of 2
 Decision in Principle approvals are valid for 10 working days, an application will then be required.

Financial Details				V28 18/3/2009
Amount required	£ _____	Est. value of Security	£ _____	
Purchase Price (if applicable)	£ _____	Outstanding Mortgage	£ _____	
Loan term required	_____ months (maximum 11 months)			
Agreed Broker Fee Percentage or Amount	_____ % £ _____			

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	
Exit Details	_____		

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

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

Property (Security) Details			
Security Description _____			
Security Address/es _____			
Estimated Security Value	£ _____	Source of Estimate	Date _____
Are any works required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide details of works: _____	
Is the property new build?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____		

Valuation - Please note we use the open 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.	
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 _____	

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.	