



Data Capture Form

For intermediary use only

This form is to be used for both Individual and Limited Company applications and has been developed to enable intermediaries to collect the relevant information needed to complete the online application in the CHL Portal. The form should be completed for all individual applicants, as well as all Limited Company Directors and Shareholders holding >20% of the shares.

Submission Details

Is the applicant being advised?

Yes* No

If 'Yes', is the advice face-to-face?

Yes No

Is the application being submitted via a Mortgage Club?

Yes No

If 'Yes', name of Mortgage Club:

.....

Type of Applicant

Individual Ltd company

Number of applicants

1 2 3 4

Limited Company Details (If applicable)

Has the company already been incorporated? Yes No

Limited Company Name:

.....

Limited Company Number:

.....

Incorporation Date:

Registered address:

.....

.....

.....

Correspondence address (if different to above):

.....

.....

.....

Limited Company Type: SPV Trading Company

Applicant	Role within the business	Shareholding
1		%
2		%
3		%
4		%

About the Loan

Purpose of loan

 Purchase Remortgage*

Repayment type:

 Capital Interest Only

Add completion fee to loan?

Yes No

Product type:

 Fixed Tracker

Product Details

Product Term:	_____ years
Product Rate:	_____ %

Estimated value/Purchase price:	£
Loan amount:	£
Anticipated monthly rental income:	£
Mortgage Term	_____ years

* If Remortgage, purpose:

Capital Raising** Transfer of Equity £ for £
 Let-to-buy Let-to-move

**If 'Capital Raising', purpose:

BTL-related debt consolidation	£
New BTL property purchase	£
Repay other BTL mortgage	£
BTL property improvements	£
Personal debt consolidation	£
Residential property purchase	£
Repay personal mortgage	£
Home improvements	£
Invest in or purchase business	£
Personal use	£
Other	£

If 'Other' please state:
.....

How do you intend to repay the loan at maturity?

Sale of security property
 Sale of other property
 Savings/Investment
 Pension
 Other

If 'Other' please state:
.....

Source of Deposit

Builder incentive	£
Vendor incentive	£
Tenants incentive scheme	£
Gifted – Close Family	£
Equity	£
Saving	£
Additional borrowing – secured	£
Additional borrowing – unsecured	£
Pension / Investments	£
Other	£

If 'Other' please state:
.....

Applicant 1: Personal

Personal Details

Mr Mrs Miss Ms Dr Other If 'Other' please state: _____

First name: _____

Middle name(s): _____

Surname: _____

Date of birth Expected retirement age:

Marital Status: _____ National Insurance number:

Telephone number: _____ Mobile number: _____

Yes No Do you currently own a property and have owned it for at least the last 12 months?

Yes No Have you ever been known by any other name(s)?
If yes, please confirm previous name(s): _____

Nationality: _____

Yes No Do you have the rights to reside in the UK?
Yes No Are you a current resident in the UK?
Yes No Do you pay tax only in the UK?

Length of residency: _____
Years _____ Months _____ or From Birth

Yes No Do you have diplomatic immunity

Residential Address Details (Must cover a minimum period of 3 years)

Current address:

Postcode: _____

Time at this address:

Years _____ Months _____

Residential status while at this address:

- Owner with mortgage
 Owner without mortgage
 Privately renting
 Living with friends/relatives
 Other

If 'Other' please state: _____

Previous address:

Postcode: _____

Time at this address:

Years _____ Months _____

Residential status while at this address:

- Owner with mortgage
 Owner without mortgage
 Privately renting
 Living with friends/relatives
 Other

If 'Other' please state: _____

Previous address:

Postcode: _____

Time at this address:

Years _____ Months _____

Residential status while at this address:

- Owner with mortgage
 Owner without mortgage
 Privately renting
 Living with friends/relatives
 Other

If 'Other' please state: _____

Yes No Allow marketing communication with the applicant?*

If 'Yes', marketing preferences: Email Post Text Phone

*MANDATORY FIELD

Applicant 1: Employment

What is your employment status?

Employed

Self-employed

Not working

Retired

Employment Details

	Primary Employment	2nd Employment	3rd Employment
Company name			
Company address			
Start date	MM YYYY	MM YYYY	MM YYYY
Occupation/Industry			
Contract Type	Permanent <input type="checkbox"/>	Fixed Term <input type="checkbox"/>	Zero Hours <input type="checkbox"/>
	Agency <input type="checkbox"/>	Contractor <input type="checkbox"/>	Other <input type="checkbox"/>
Is the employment full-time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in a probation period?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own a >25% shareholding?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you employed by a member of your family?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Employment Income

	Primary Employment	2nd Employment	3rd Employment
Basic salary	£	£	£
Overtime	£	£	£
Commission	£	£	£
Bonus	£	£	£
Allowance	£	£	£

If you are a Contractor

	Primary Employment	2nd Employment	3rd Employment
Term remaining on contract	months	months	months
Has contract been previously renewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will contract be renewed or alternative contract secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Yes No

Are any of the declared incomes on this page likely to increase or reduce within the foreseeable future?

If 'Yes' please detail in 'Additional Information' section at the end of this form

Applicant 1: Self-Employment & Other Incomes

Self-employment Details (At least 12 months history required)

Business details:		Primary Self-employment			2nd Self-employment			3rd Self-employment		
Business Type		Sole Trader	Ltd Company	Partnership	Sole Trader	Ltd Company	Partnership	Sole Trader	Ltd Company	Partnership
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation/Industry										
Applicant shareholding %										
Company name										
Company address										
Incorporation date		MM	YYYY		MM	YYYY		MM	YYYY	

Last 3 years income:		Primary self-employment		2nd self-employment		3rd self-employment	
Tax year ending MM YYYY	Net profit	£		£		£	
	Salary/PAYE	£		£		£	
	Dividends	£		£		£	
Tax year ending MM YYYY	Net profit	£		£		£	
	Salary/PAYE	£		£		£	
	Dividends	£		£		£	
Tax year ending MM YYYY	Net profit	£		£		£	
	Salary/PAYE	£		£		£	
	Dividends	£		£		£	

Accountant details:		Primary Self-employment		2nd Self-employment		3rd Self-employment	
Accountancy Firm Name							
Accountancy Firm Address							
Qualifications							
Telephone							
email							

Additional Income

Investments	£
Dividends/Drawings	£
Pension (Private)	£
Pension (State)	£
Maintenance	£
Other*	£

*If 'Other' please state:

.....

Investment Property Portfolio

Have you ever owned a BTL property? Yes No

Number of Properties in Investment Portfolio:

.....

Years experience in BTL property investment:

.....

Total estimated value of properties	£
Outstanding balance of mortgages	£
Total monthly rental income	£
Total monthly mortgage payments	£

Yes No

Are any of the declared incomes on this page likely to increase or reduce within the foreseeable future?

If 'Yes' please detail in 'Additional Information' section at the end of this form

Applicant 1: Adverse

Adverse details

Yes No Has the applicant ever had a property repossessed?

Date of repossession: DD MM YYYY

Yes No Has the applicant ever been made Bankrupt?

Date ordered: DD MM YYYY Date discharged: DD MM YYYY

Yes No Has the applicant ever been subject to an Individual Voluntary Arrangement?

Date of IVA: DD MM YYYY Date satisfied: DD MM YYYY

Yes No Has the applicant ever been subject to a Debt Management Plan?

Date started: DD MM YYYY Date satisfied: DD MM YYYY

Yes No Has the applicant ever been in arrears?

Mortgage Credit card Unsecured loan Secured loan Hire purchase Highest number of missed payments in last 3 years

Yes No Has the applicant ever had a default registered?

1 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

2 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

3 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

Yes No Has the applicant ever had a County Court Judgement registered?

1 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

2 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

3 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

Yes No Has the applicant ever had a criminal conviction?

1 Conditional Discharge Fine Probationary Orders Compensation Orders Community License Prison Sentence Date convicted: DD MM YYYY

2 Conditional Discharge Fine Probationary Orders Compensation Orders Community License Prison Sentence Date convicted: DD MM YYYY

3 Conditional Discharge Fine Probationary Orders Compensation Orders Community License Prison Sentence Date convicted: DD MM YYYY

Applicant 2: Personal

Personal Details

Mr Mrs Miss Ms Dr Other If 'Other' please state:

First name:

Middle name(s):

Surname:

Date of birth Expected retirement age:

Marital Status: National Insurance number:

Telephone number: Mobile number:

Yes No Do you currently own a property and have owned it for at least the last 12 months?

Yes No Have you ever been known by any other name(s)?
If yes, please confirm previous name(s):

Nationality:

Yes No Do you have the rights to reside in the UK?
Yes No Are you a current resident in the UK?
Yes No Do you pay tax only in the UK?

Length of residency: Years Months or From Birth

Yes No Do you have diplomatic immunity

Residential Address Details (Must cover a minimum period of 3 years)

Current address:

.....
.....
.....

Postcode:

Time at this address:
..... Years Months

Residential status while at this address:

- Owner with mortgage
 Owner without mortgage
 Privately renting
 Living with friends/relatives
 Other

If 'Other' please state:

Previous address:

.....
.....
.....

Postcode:

Time at this address:
..... Years Months

Residential status while at this address:

- Owner with mortgage
 Owner without mortgage
 Privately renting
 Living with friends/relatives
 Other

If 'Other' please state:

Previous address:

.....
.....
.....

Postcode:

Time at this address:
..... Years Months

Residential status while at this address:

- Owner with mortgage
 Owner without mortgage
 Privately renting
 Living with friends/relatives
 Other

If 'Other' please state:

Yes No Allow marketing communication with the applicant?*

If 'Yes', marketing preferences: Email Post Text Phone

*MANDATORY FIELD

Applicant 2: Employment

What is your employment status?

 Employed

 Self-employed

 Not working

 Retired

Employment Details

	Primary Employment	2nd Employment	3rd Employment
Company name			
Company address			
Start date	MM YYYY	MM YYYY	MM YYYY
Occupation/Industry			
Contract Type	Permanent <input type="checkbox"/>	Fixed Term <input type="checkbox"/>	Zero Hours <input type="checkbox"/>
	Agency <input type="checkbox"/>	Contractor <input type="checkbox"/>	Other <input type="checkbox"/>
Is the employment full-time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in a probation period?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own a >25% shareholding?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you employed by a member of your family?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Employment Income

	Primary Employment	2nd Employment	3rd Employment
Basic salary	£	£	£
Overtime	£	£	£
Commission	£	£	£
Bonus	£	£	£
Allowance	£	£	£

If you are a Contractor

	Primary Employment	2nd Employment	3rd Employment
Term remaining on contract	months	months	months
Has contract been previously renewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will contract be renewed or alternative contract secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Yes No

Are any of the declared incomes on this page likely to increase or reduce within the foreseeable future?

If 'Yes' please detail in 'Additional Information' section at the end of this form

Applicant 2: Self-Employment & Other Incomes

Self-employment Details (At least 12 months history required)

Business details:		Primary Self-employment			2nd Self-employment			3rd Self-employment		
Business Type		Sole Trader	Ltd Company	Partnership	Sole Trader	Ltd Company	Partnership	Sole Trader	Ltd Company	Partnership
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation/Industry										
Applicant shareholding %										
Company name										
Company address										
Incorporation date		MM	YYYY		MM	YYYY		MM	YYYY	

Last 3 years income:		Primary self-employment		2nd self-employment		3rd self-employment	
Tax year ending MM YYYY	Net profit	£		£		£	
	Salary/PAYE	£		£		£	
	Dividends	£		£		£	
Tax year ending MM YYYY	Net profit	£		£		£	
	Salary/PAYE	£		£		£	
	Dividends	£		£		£	
Tax year ending MM YYYY	Net profit	£		£		£	
	Salary/PAYE	£		£		£	
	Dividends	£		£		£	

Accountant details:		Primary Self-employment		2nd Self-employment		3rd Self-employment	
Accountancy Firm Name							
Accountancy Firm Address							
Qualifications							
Telephone							
email							

Additional Income

Investments	£
Dividends/Drawings	£
Pension (Private)	£
Pension (State)	£
Maintenance	£
Other*	£

*If 'Other' please state:

.....

Investment Property Portfolio

Have you ever owned a BTL property? Yes No

Number of Properties in Investment Portfolio:

.....

Years of experience in BTL property investment:

.....

Total estimated value of properties	£
Outstanding balance of mortgages	£
Total monthly rental income	£
Total monthly mortgage payments	£

Yes No

Are any of the declared incomes on this page likely to increase or reduce within the foreseeable future?

If 'Yes' please detail in 'Additional Information' section at the end of this form

Applicant 2: Adverse

Adverse details

Yes No Has the applicant ever had a property repossessed?

Date of repossession: DD MM YYYY

Yes No Has the applicant ever been made Bankrupt?

Date ordered: DD MM YYYY Date discharged: DD MM YYYY

Yes No Has the applicant ever been subject to an Individual Voluntary Arrangement?

Date of IVA: DD MM YYYY Date satisfied: DD MM YYYY

Yes No Has the applicant ever been subject to a Debt Management Plan?

Date started: DD MM YYYY Date satisfied: DD MM YYYY

Yes No Has the applicant ever been in arrears?

Mortgage Credit card Unsecured loan Secured loan Hire purchase Highest number of missed payments in last 3 years

Yes No Has the applicant ever had a default registered?

1 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

2 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

3 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

Yes No Has the applicant ever had a County Court Judgement registered?

1 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

2 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

3 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

Yes No Has the applicant ever had a criminal conviction?

1 Conditional Discharge Fine Probationary Orders Compensation Orders Community License Prison Sentence Date convicted: DD MM YYYY

2 Conditional Discharge Fine Probationary Orders Compensation Orders Community License Prison Sentence Date convicted: DD MM YYYY

3 Conditional Discharge Fine Probationary Orders Compensation Orders Community License Prison Sentence Date convicted: DD MM YYYY

Applicant 3: Personal

Personal Details

Mr Mrs Miss Ms Dr Other If 'Other' please state:

First name:

Middle name(s):

Surname:

Date of birth Expected retirement age:

Marital Status: National Insurance number:

Telephone number: Mobile number:

Yes No Do you currently own a property and have owned it for at least the last 12 months?

Yes No Have you ever been known by any other name(s)?
If yes, please confirm previous name(s):

Nationality:

Yes No Do you have the rights to reside in the UK?
Yes No Are you a current resident in the UK?
Yes No Do you pay tax only in the UK?

Length of residency: Years Months or From Birth

Yes No Do you have diplomatic immunity

Residential Address Details (Must cover a minimum period of 3 years)

Current address:

.....
.....
.....

Postcode:

Time at this address:

Years Months

Residential status while at this address:

- Owner with mortgage
 Owner without mortgage
 Privately renting
 Living with friends/relatives
 Other

If 'Other' please state:

Previous address:

.....
.....
.....

Postcode:

Time at this address:

Years Months

Residential status while at this address:

- Owner with mortgage
 Owner without mortgage
 Privately renting
 Living with friends/relatives
 Other

If 'Other' please state:

Previous address:

.....
.....
.....

Postcode:

Time at this address:

Years Months

Residential status while at this address:

- Owner with mortgage
 Owner without mortgage
 Privately renting
 Living with friends/relatives
 Other

If 'Other' please state:

Yes No Allow marketing communication with the applicant?*

If 'Yes', marketing preferences: Email Post Text Phone

*MANDATORY FIELD

Applicant 3: Employment

What is your employment status?

Employed

Self-employed

Not working

Retired

Employment Details

	Primary Employment	2nd Employment	3rd Employment
Company name			
Company address			
Start date	MM YYYY	MM YYYY	MM YYYY
Occupation/Industry			
Contract Type	Permanent <input type="checkbox"/>	Fixed Term <input type="checkbox"/>	Zero Hours <input type="checkbox"/>
	Agency <input type="checkbox"/>	Contractor <input type="checkbox"/>	Other <input type="checkbox"/>
Is the employment full-time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in a probation period?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own a >25% shareholding?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you employed by a member of your family?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Employment Income

	Primary Employment	2nd Employment	3rd Employment
Basic salary	£	£	£
Overtime	£	£	£
Commission	£	£	£
Bonus	£	£	£
Allowance	£	£	£

If you are a Contractor

	Primary Employment	2nd Employment	3rd Employment
Term remaining on contract	months	months	months
Has contract been previously renewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will contract be renewed or alternative contract secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Yes No

Are any of the declared incomes on this page likely to increase or reduce within the foreseeable future?

If 'Yes' please detail in 'Additional Information' section at the end of this form

Applicant 3: Self-Employment & Other Incomes

Self-employment Details (At least 12 months history required)

Business details:		Primary Self-employment			2nd Self-employment			3rd Self-employment		
Business Type		Sole Trader	Ltd Company	Partnership	Sole Trader	Ltd Company	Partnership	Sole Trader	Ltd Company	Partnership
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation/Industry										
Applicant shareholding %										
Company name										
Company address										
Incorporation date		MM	YYYY		MM	YYYY		MM	YYYY	

Last 3 years income:		Primary self-employment		2nd self-employment		3rd self-employment	
Tax year ending MM YYYY	Net profit	£		£		£	
	Salary/PAYE	£		£		£	
	Dividends	£		£		£	
Tax year ending MM YYYY	Net profit	£		£		£	
	Salary/PAYE	£		£		£	
	Dividends	£		£		£	
Tax year ending MM YYYY	Net profit	£		£		£	
	Salary/PAYE	£		£		£	
	Dividends	£		£		£	

Accountant details:		Primary Self-employment		2nd Self-employment		3rd Self-employment	
Accountancy Firm Name							
Accountancy Firm Address							
Qualifications							
Telephone							
email							

Additional Income

Investments	£
Dividends/Drawings	£
Pension (Private)	£
Pension (State)	£
Maintenance	£
Other*	£

*If 'Other' please state:

.....

Investment Property Portfolio

Have you ever owned a BTL property? Yes No

Number of Properties in Investment Portfolio:

.....

Years of experience in BTL property investment:

.....

Total estimated value of properties	£
Outstanding balance of mortgages	£
Total monthly rental income	£
Total monthly mortgage payments	£

Yes No

Are any of the declared incomes on this page likely to increase or reduce within the foreseeable future?

If 'Yes' please detail in 'Additional Information' section at the end of this form

Applicant 3: Adverse

Adverse details

 Yes No

Has the applicant ever had a property repossessed?

Date of repossession: DD MM YYYY

 Yes No

Has the applicant ever been made Bankrupt?

Date ordered: DD MM YYYY

Date discharged: DD MM YYYY

 Yes No

Has the applicant ever been subject to an Individual Voluntary Arrangement?

Date of IVA: DD MM YYYY

Date satisfied: DD MM YYYY

 Yes No

Has the applicant ever been subject to a Debt Management Plan?

Date started: DD MM YYYY

Date satisfied: DD MM YYYY

 Yes No

Has the applicant ever been in arrears?

Mortgage Credit card Unsecured loan Secured loan Hire purchase

Highest number of missed payments in last 3 years

 Yes No

Has the applicant ever had a default registered?

1 Amount: £

Date Registered: DD MM YYYY

Date satisfied: DD MM YYYY

2 Amount: £

Date Registered: DD MM YYYY

Date satisfied: DD MM YYYY

3 Amount: £

Date Registered: DD MM YYYY

Date satisfied: DD MM YYYY

 Yes No

Has the applicant ever had a County Court Judgement registered?

1 Amount: £

Date Registered: DD MM YYYY

Date satisfied: DD MM YYYY

2 Amount: £

Date Registered: DD MM YYYY

Date satisfied: DD MM YYYY

3 Amount: £

Date Registered: DD MM YYYY

Date satisfied: DD MM YYYY

 Yes No

Has the applicant ever had a criminal conviction?

1 Conditional Discharge Fine Probationary Orders Compensation Orders Community License Prison Sentence

Date convicted: DD MM YYYY

2 Conditional Discharge Fine Probationary Orders Compensation Orders Community License Prison Sentence

Date convicted: DD MM YYYY

3 Conditional Discharge Fine Probationary Orders Compensation Orders Community License Prison Sentence

Date convicted: DD MM YYYY

Applicant 4: Personal

Personal Details

Mr Mrs Miss Ms Dr Other If 'Other' please state:

First name:

Middle name(s):

Surname:

Date of birth Expected retirement age:

Marital Status: National Insurance number:

Telephone number: Mobile number:

Yes No Do you currently own a property and have owned it for at least the last 12 months?

Yes No Have you ever been known by any other name(s)?
If yes, please confirm previous name(s):

Nationality:

Yes No Do you have the rights to reside in the UK?
Yes No Are you a current resident in the UK?
Yes No Do you pay tax only in the UK?

Length of residency: Years Months or From Birth

Yes No Do you have diplomatic immunity

Residential Address Details (Must cover a minimum period of 3 years)

Current address:

.....
.....
.....

Postcode:

Time at this address:

Years Months

Residential status while at this address:

- Owner with mortgage
 Owner without mortgage
 Privately renting
 Living with friends/relatives
 Other

If 'Other' please state:

Previous address:

.....
.....
.....

Postcode:

Time at this address:

Years Months

Residential status while at this address:

- Owner with mortgage
 Owner without mortgage
 Privately renting
 Living with friends/relatives
 Other

If 'Other' please state:

Previous address:

.....
.....
.....

Postcode:

Time at this address:

Years Months

Residential status while at this address:

- Owner with mortgage
 Owner without mortgage
 Privately renting
 Living with friends/relatives
 Other

If 'Other' please state:

Yes No Allow marketing communication with the applicant?*

If 'Yes', marketing preferences: Email Post Text Phone

*MANDATORY FIELD

Applicant 4: Employment

What is your employment status?

Employed

Self-employed

Not working

Retired

Employment Details

	Primary Employment	2nd Employment	3rd Employment
Company name			
Company address			
Start date	MM YYYY	MM YYYY	MM YYYY
Occupation/Industry			
Contract Type	Permanent <input type="checkbox"/>	Fixed Term <input type="checkbox"/>	Zero Hours <input type="checkbox"/>
	Agency <input type="checkbox"/>	Contractor <input type="checkbox"/>	Other <input type="checkbox"/>
Is the employment full-time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Are you in a probation period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you own a >25% shareholding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Are you employed by a member of your family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

Employment Income

	Primary Employment	2nd Employment	3rd Employment
Basic salary	£	£	£
Overtime	£	£	£
Commission	£	£	£
Bonus	£	£	£
Allowance	£	£	£

If you are a Contractor

	Primary Employment	2nd Employment	3rd Employment
Term remaining on contract	months	months	months
Has contract been previously renewed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Will contract be renewed or alternative contract secured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

Yes No

Are any of the declared incomes on this page likely to increase or reduce within the foreseeable future?

If 'Yes' please detail in 'Additional Information' section at the end of this form

Applicant 4: Self-Employment & Other Incomes

Self-employment Details (At least 12 months history required)

Business details:		Primary Self-employment			2nd Self-employment			3rd Self-employment		
Business Type		Sole Trader	Ltd Company	Partnership	Sole Trader	Ltd Company	Partnership	Sole Trader	Ltd Company	Partnership
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation/Industry										
Applicant shareholding %										
Company name										
Company address										
Incorporation date		<input type="text" value="MM"/>	<input type="text" value="YYYY"/>		<input type="text" value="MM"/>	<input type="text" value="YYYY"/>		<input type="text" value="MM"/>	<input type="text" value="YYYY"/>	

Last 3 years income:		Primary self-employment		2nd self-employment		3rd self-employment	
Tax year ending <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Net profit	£		£		£	
	Salary/PAYE	£		£		£	
	Dividends	£		£		£	
Tax year ending <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Net profit	£		£		£	
	Salary/PAYE	£		£		£	
	Dividends	£		£		£	
Tax year ending <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Net profit	£		£		£	
	Salary/PAYE	£		£		£	
	Dividends	£		£		£	

Accountant details:		Primary Self-employment		2nd Self-employment		3rd Self-employment	
Accountancy Firm Name							
Accountancy Firm Address							
Qualifications							
Telephone							
email							

Additional Income

Investments	£
Dividends/Drawings	£
Pension (Private)	£
Pension (State)	£
Maintenance	£
Other*	£

*If 'Other' please state:

.....

Investment Property Portfolio

Have you ever owned a BTL property? Yes No

Number of Properties in Investment Portfolio:

.....

Years of experience in BTL property investment:

.....

Total estimated value of properties	£
Outstanding balance of mortgages	£
Total monthly rental income	£
Total monthly mortgage payments	£

Yes No

Are any of the declared incomes on this page likely to increase or reduce within the foreseeable future?

If 'Yes' please detail in 'Additional Information' section at the end of this form

Applicant 4: Adverse

Adverse details

Yes No Has the applicant ever had a property repossessed?

Date of repossession: DD MM YYYY

Yes No Has the applicant ever been made Bankrupt?

Date ordered: DD MM YYYY Date discharged: DD MM YYYY

Yes No Has the applicant ever been subject to an Individual Voluntary Arrangement?

Date of IVA: DD MM YYYY Date satisfied: DD MM YYYY

Yes No Has the applicant ever been subject to a Debt Management Plan?

Date started: DD MM YYYY Date satisfied: DD MM YYYY

Yes No Has the applicant ever been in arrears?

Mortgage Credit card Unsecured loan Secured loan Hire purchase Highest number of missed payments in last 3 years

Yes No Has the applicant ever had a default registered?

1 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

2 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

3 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

Yes No Has the applicant ever had a County Court Judgement registered?

1 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

2 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

3 Amount: £ Date Registered: DD MM YYYY Date satisfied: DD MM YYYY

Yes No Has the applicant ever had a criminal conviction?

1 Conditional Discharge Fine Probationary Orders Compensation Orders Community License Prison Sentence Date convicted: DD MM YYYY

2 Conditional Discharge Fine Probationary Orders Compensation Orders Community License Prison Sentence Date convicted: DD MM YYYY

3 Conditional Discharge Fine Probationary Orders Compensation Orders Community License Prison Sentence Date convicted: DD MM YYYY

Property Information & Contact

About the Property

Has the applicant already found a property? Yes No

Property address:

..... Postcode:

Is/Was the security property related to an inheritance? Yes No

Are any applicants personally/financially related/connected to the Vendor? Yes No

Property Description

- House - Detached
 House - Semi-detached
 House - Mid terrace
 House - End terraced
 Flat/maisonette (purpose built)
 Flat/maisonette (converted)
 Studio Flat
 Bungalow
 Other*

*If 'Other' please confirm:

If Remortgage

Date of original purchase Date of last mortgage /remortgage

Outstanding amount £

Have any of the applicants or close relative of the applicants lived in the property during the period owned? Yes No

Tenancy Details

Number of tenancies in place:

Proposed/Existing Tenants:

- Family Students
 Professional Other

*If 'Other' please confirm:

Property Type

- Single self-contained unit
 HMO
 MUFB
 Holiday Let
 Other*

*If 'Other' please confirm:

If HMO

Number of Lettable Bedrooms:

If MUFB

Number of Units:

Room Details

Number of Bedrooms:

Number of Kitchens:

Number of Reception rooms:

Number of Bathrooms:

Number of Garages:

Lease Type:

- AST
 Housing Association Let
 Corporate Let

Is the property to be used for business purposes? Yes* No

*If 'Yes' Percentage used for Business %

Tenure

Freehold Leasehold

Flying Freehold percentage %

If Leasehold

Current length of lease: years

If intending to extend the lease as part of this transaction, proposed new lease length: years

Building Construction

Year of construction:

Is the property of standard construction? Yes No

Is the roof of standard slate / tile construction? Yes No

Is the property a new build or converted in the last 12 months? Yes* No

*If 'Yes' Certificate type (NHBC, Zurich etc.)

Other Property Details

Does the building have a lift? Yes No

Number of storeys in building:

If the property is a flat, floor number:

Or Ground Basement

Is the property ex-social housing? Yes No

Is the property adjacent to or above/below commercial premises? Yes No

If a listed building, please confirm type:

- Grade I
 Grade II*
 Grade II

Third-party Contact details

Property contact details

Contact for valuation: Vendor Selling agent Applicant Other

Contact Name: _____ Contact Telephone number: _____ Additional access information: _____

Yes No Is this a Private Sale?

Solicitors Details (please refer to our approved panel of solicitors)

Solicitor company name: _____ Solicitor contact name: _____
 Firm address: _____ Solicitor telephone number: _____
 _____ Solicitor email address: _____

Please see our approved panel of solicitors. Alternatively, in order to be accepted any Solicitor firm must have a least three SRA-approved managers, be CQS accredited, and must register via Lender Exchange.

Intermediary fees

Yes No Are any intermediary fees payable for this application?

Fee type:	Amount:		Application	Offer	Completion	Refundable Amount:
_____	£ _____	Due upon...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
_____	£ _____	Due upon...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
_____	£ _____	Due upon...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
_____	£ _____	Due upon...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
_____	£ _____	Due upon...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ _____

Other information

Additional information relevant to the application

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