

ENQUIRY FORM

INTRODUCER:	
CONTACT:	MOBILE:
ADDRESS:	TELEPHONE:
	FAX NUMBER:

REQUIRED ADVANCE DETAILS:

£ _____ OVER _____ YEARS

CAPITAL REPAYMENT INTEREST ONLY

PURCHASE/REMORTGAGE/SECOND CHARGE

PURPOSE OF LOAN:

APPLICANT:	
RESIDENTIAL ADDRESS:	
TEL HOME:	TEL WORK:
MOBILE:	FAX:
EMAIL:	
INCOME PER ANNUM:	INCOME PROOF:
ARREARS (IF APPLICABLE)	CCJS (IF APPLICABLE)

SECURITY ADDRESS:	VALUE OF SECURITY (£):
EXISTING LOANS/MORTGAGES	DEPOSIT (£):
IF PURCHASE, WHERE IS THE DEPOSIT COMING FROM?	

FURTHER INFORMATION:

PLEASE FAX THIS COMPLETED FORM TO 0845 260 7512 FOR AN IN PRINCIPLE DECISION

YOUR POSITIVE LENDING CONTACT IS _____