

Intermediary Mortgage Data capture form

SUBMIT YOUR
CLIENT'S MORTGAGE
APPLICATION ONLINE
www.halifax-intermediaries.co.uk

Number of applicants

Is this a remortgage? Yes No

Do you require a Mortgage Illustration from Halifax? Yes No

Level of service for this application Advised Execution only

Level of service – execution only rationale High net worth Mortgage professional Rejected advice Non-interactive sale

Intermediary fees

	Fee 1	Fee 2	Fee 3
Fee type	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount of fee	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How much of the fee is refundable?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
When payable	<input type="checkbox"/> On application	<input type="checkbox"/> On application	<input type="checkbox"/> On application
	<input type="checkbox"/> Within 14 days completion	<input type="checkbox"/> Within 14 days completion	<input type="checkbox"/> Within 14 days completion
	<input type="checkbox"/> On cancellation	<input type="checkbox"/> On cancellation	<input type="checkbox"/> On cancellation
	<input type="checkbox"/> On completion	<input type="checkbox"/> On completion	<input type="checkbox"/> On completion

Personal details

	Applicant 1	Applicant 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other
Forename 1 – as shown on id	<input type="text"/>	<input type="text"/>
Forename 2 – as shown on id (if applicable)	<input type="text"/>	<input type="text"/>
Forename 3 – as shown on id (if applicable)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Marital status	<input type="checkbox"/> Married/Civil partnership <input type="checkbox"/> Single <input type="checkbox"/> Separated	<input type="checkbox"/> Married/Civil partnership <input type="checkbox"/> Single <input type="checkbox"/> Separated
	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Dissolved Civil partnership	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Dissolved Civil partnership
Has your name ever changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous first name	<input type="text"/>	<input type="text"/>
Previous middle name	<input type="text"/>	<input type="text"/>
Previous surname	<input type="text"/>	<input type="text"/>

Personal details (continued)

	Applicant 1	Applicant 2
How many dependent children do you have?	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Dual Nationality	<input type="text"/>	<input type="text"/>
Country of residence	<input type="text"/>	<input type="text"/>
Do you have diplomatic immunity?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>*Halifax do not accept applications where the customer benefits from diplomatic immunity.</small>		
Work telephone number	STD <input type="text"/> <input type="text"/>	STD <input type="text"/> <input type="text"/>
Home telephone number	STD <input type="text"/> <input type="text"/>	STD <input type="text"/> <input type="text"/>
Mobile number	STD <input type="text"/> <input type="text"/>	STD <input type="text"/> <input type="text"/>
Preferred contact number	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile
Home email address	<input type="text"/>	<input type="text"/>
Work email address	<input type="text"/>	<input type="text"/>
Special needs	<input type="checkbox"/> Large print <input type="checkbox"/> Braille <input type="checkbox"/> Audio text	<input type="checkbox"/> Large print <input type="checkbox"/> Braille <input type="checkbox"/> Audio text
Current address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Has your address changed in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date moved into current address (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>

Customer information

	Applicant 1	Applicant 2
Customer type	<input type="checkbox"/> First time buyer <input type="checkbox"/> Remortgage <input type="checkbox"/> Existing Halifax Borrower <input type="checkbox"/> Home mover <input type="checkbox"/> Remortgage – own conveyancer	<input type="checkbox"/> First time buyer <input type="checkbox"/> Remortgage <input type="checkbox"/> Existing Halifax Borrower <input type="checkbox"/> Home mover <input type="checkbox"/> Remortgage – own conveyancer
Will the existing mortgage be repaid within one month of completion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential status	<input type="checkbox"/> Home owner – mortgage <input type="checkbox"/> Renting <input type="checkbox"/> Home owner (mortgage free) <input type="checkbox"/> Family/Friend	<input type="checkbox"/> Home owner – mortgage <input type="checkbox"/> Renting <input type="checkbox"/> Home owner (mortgage free) <input type="checkbox"/> Family/Friend
First previous address in last 3 years	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>

Customer information (continued)

	Applicant 1	Applicant 2
Date moved into previous address (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Date moved out of previous address (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Residential status	<input type="checkbox"/> Home owner – mortgage <input type="checkbox"/> Renting <input type="checkbox"/> Home owner (mortgage free) <input type="checkbox"/> Family/Friend	<input type="checkbox"/> Home owner – mortgage <input type="checkbox"/> Renting <input type="checkbox"/> Home owner (mortgage free) <input type="checkbox"/> Family/Friend
Second previous address in last 3 years	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date moved into previous address (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Date moved out of previous address (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Residential status	<input type="checkbox"/> Home owner – mortgage <input type="checkbox"/> Renting <input type="checkbox"/> Home owner (mortgage free) <input type="checkbox"/> Family/Friend	<input type="checkbox"/> Home owner – mortgage <input type="checkbox"/> Renting <input type="checkbox"/> Home owner (mortgage free) <input type="checkbox"/> Family/Friend

Money laundering

	Applicant 1	Applicant 2
Was the verification taken?	<input type="checkbox"/> Face to face <input type="checkbox"/> Non Face to face	<input type="checkbox"/> Face to face <input type="checkbox"/> Non Face to face
Applicant identification		
Type of standard verification provided	<input type="text"/>	<input type="text"/>
Document reference	<input type="text"/>	<input type="text"/>
Date of issue (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Issuing office/organisation	<input type="text"/>	<input type="text"/>
Type of secondary verification provided	<input type="text"/>	<input type="text"/>
Document reference	<input type="text"/>	<input type="text"/>
Date of issue (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Issuing office/organisation	<input type="text"/>	<input type="text"/>

Employment details

	Applicant 1	Applicant 2
Number of jobs per applicant	<input type="text"/>	<input type="text"/>
What type of occupation are you in? e.g. Sales, office, professional, trades	<input type="text"/>	<input type="text"/>

Employment details (continued)

	Applicant 1		Applicant 2	
Employment type	<input type="checkbox"/> PAYE	<input type="checkbox"/> Self employed	<input type="checkbox"/> PAYE	<input type="checkbox"/> Self employed
Contract type	<input type="checkbox"/> Permanent	<input type="checkbox"/> Probationary	<input type="checkbox"/> Permanent	<input type="checkbox"/> Probationary
	<input type="checkbox"/> Piecework	<input type="checkbox"/> Sub-contract	<input type="checkbox"/> Piecework	<input type="checkbox"/> Sub-contract
	<input type="checkbox"/> Seasonal/Temp	<input type="checkbox"/> Fixed/short term	<input type="checkbox"/> Seasonal/Temp	<input type="checkbox"/> Fixed/short term
	<input type="checkbox"/> Agency		<input type="checkbox"/> Agency	
Start date of employment (DD/MM/YYYY)	<input type="text"/>		<input type="text"/>	
Percentage of business owned	<input type="text"/> %		<input type="text"/> %	
Anticipated age of retirement	<input type="text"/>		<input type="text"/>	
Type of anticipated retirement annual income	<input type="text"/>		<input type="text"/>	
Anticipated retirement annual income	£ <input type="text"/>		£ <input type="text"/>	
Frequency of anticipated retirement annual income	<input type="text"/>		<input type="text"/>	
Type of anticipated retirement annual income	<input type="text"/>		<input type="text"/>	
Anticipated retirement annual income	£ <input type="text"/>		£ <input type="text"/>	
Frequency of anticipated retirement annual income	<input type="text"/>		<input type="text"/>	
Name of employer/business	<input type="text"/>		<input type="text"/>	
Employer's/business address	<input type="text"/>		<input type="text"/>	
Postcode	<input type="text"/>		<input type="text"/>	
Employer's/business telephone number	STD	<input type="text"/> <input type="text"/>	STD	<input type="text"/> <input type="text"/>
		<input type="text"/>		<input type="text"/>
Employer's/business fax number	STD	<input type="text"/> <input type="text"/>	STD	<input type="text"/> <input type="text"/>
		<input type="text"/>		<input type="text"/>
Do you have income from any other sources? (If 'Yes', please complete the 'Other Income' section on page 5.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Income

	Applicant 1		Applicant 2	
		Can income be verified?		Can income be verified?
Gross basic salary	£ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	£ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual commission	£ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	£ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual bonus	£ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	£ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual overtime	£ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	£ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income (continued)

If self-employed	Applicant 1	Applicant 2
Latest year		
Year end date (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Turnover (£)	£ <input type="text"/>	£ <input type="text"/>
Gross profit (£)	£ <input type="text"/>	£ <input type="text"/>
Net profit (£)	£ <input type="text"/>	£ <input type="text"/>
Assets (£)	£ <input type="text"/>	£ <input type="text"/>
Liabilities (£)	£ <input type="text"/>	£ <input type="text"/>
Previous year		
Year end date (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Turnover (£)	£ <input type="text"/>	£ <input type="text"/>
Gross profit (£)	£ <input type="text"/>	£ <input type="text"/>
Net profit (£)	£ <input type="text"/>	£ <input type="text"/>
Assets (£)	£ <input type="text"/>	£ <input type="text"/>
Liabilities (£)	£ <input type="text"/>	£ <input type="text"/>
2nd previous year		
Year end date (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Turnover (£)	£ <input type="text"/>	£ <input type="text"/>
Gross profit (£)	£ <input type="text"/>	£ <input type="text"/>
Net profit (£)	£ <input type="text"/>	£ <input type="text"/>
Assets (£)	£ <input type="text"/>	£ <input type="text"/>
Liabilities (£)	£ <input type="text"/>	£ <input type="text"/>
Projected year		
Year end date (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Turnover (£)	£ <input type="text"/>	£ <input type="text"/>
Gross profit (£)	£ <input type="text"/>	£ <input type="text"/>
Net profit (£)	£ <input type="text"/>	£ <input type="text"/>
Assets (£)	£ <input type="text"/>	£ <input type="text"/>
Liabilities (£)	£ <input type="text"/>	£ <input type="text"/>
What year did you acquire an interest in the business? (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
In what year was the business established? (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Does the business have accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income (continued)

	Applicant 1	Applicant 2
Name of accountant's firm	<input type="text"/>	<input type="text"/>
Accountant's address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Accountant's telephone number	STD <input type="text"/> <input type="text"/>	STD <input type="text"/> <input type="text"/>
Name of previous employer/business	<input type="text"/>	<input type="text"/>
Previous employer's/business address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Previous employer's/business telephone number	<input type="text"/>	<input type="text"/>
Previous employer's/business fax number	<input type="text"/>	<input type="text"/>
What type of employment was this? e.g. Sales, office, professional, trades	<input type="text"/>	<input type="text"/>
Start date of employment (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
End date of employment (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>

(If total employment history is still less than 18 months, please complete section 2 on page 13.)

Other income

	Applicant 1	Applicant 2
What type of income is this?	<input type="text"/>	<input type="text"/>
Annual amount (£)	£ <input type="text"/>	£ <input type="text"/>
What type of income is this?	<input type="text"/>	<input type="text"/>
Annual amount (£)	£ <input type="text"/>	£ <input type="text"/>

Scheme(s) required

- Right to buy Second home loan Shared equity
 Shared Ownership Newbuy/MI New Home Homebuyer special

Shared equity

What equity stake will be held by the customer? %

Monthly interest payments £

Shared ownership

What percentage share will be purchased? %

Monthly rental commitments £

Name of shared ownership company

Loan details

Purchase price/valuation £

Market value (right to buy) £

Cost of improvements £

Loan amount £

Total value of cash incentives £

Total value of outstanding mortgages with Lloyds Banking Group £

Source of deposit

<input checked="" type="checkbox"/> Builder/Seller	<input checked="" type="checkbox"/> Concessionary	<input checked="" type="checkbox"/> Equity	<input checked="" type="checkbox"/> Gift	<input checked="" type="checkbox"/> Homebuy
<input checked="" type="checkbox"/> Housing Assoc or RSL	<input checked="" type="checkbox"/> Loan	<input checked="" type="checkbox"/> Savings	<input checked="" type="checkbox"/> Tenants Incentive Scheme	<input checked="" type="checkbox"/> None

Product details

Provide breakdown of the mortgage required. Parts 2 and 3 are where multiple products, terms or repayment types are required.

	Part 1	Part 2	Part 3
Product code (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of product e.g. fixed, tracker	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interest rate charged	<input type="text"/>	<input type="text"/>	<input type="text"/>
Product term/end date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loan amount	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Loan term (years)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Repayment type	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purpose	<input type="text"/>	<input type="text"/>	<input type="text"/>
Existing Halifax mortgage account number (if porting)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is product fee to be paid up front?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Product details (continued)

What is your preferred payment date?
(DD/MM/YYYY)

Interest only amount

Give details of new or existing plans or policies to be used with the interest only part of this mortgage

Bonus	Cash	Sale of Mortgaged Property	Endowments	Stocks & Shares ISA	Unit Trusts/ Open Ended Investment Companies (UK)	Investment Bonds	Stocks & Shares	Pensions	Sale of other residential property – Please also complete Interest only – Other residential property form for each property.	Total
£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

If Sale of Mortgaged Property is to be used does the customer already have or intend to take out any other borrowing secured against the property with another lender?

Yes No If yes, please state amount £

Monthly premium

£ £ £ £ £ £ £ £ £ £ £

Reference/Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Maturity date for each repayment vehicle (For sale of residential property, provide date of intended sale)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Personal finances (both applicants)

Applicant 1

Applicant 2

Time with bank

Years

Years

Months

Months

Credit commitments

(these include Switch/Visa Debit card, Visa/MasterCard, Annex/Diners card, store cards, other cards, current accounts, bank loans, other loans, savings accounts, school fees, child care, student loans and second home running costs)

Type of commitment

Commitment 1

Commitment 2

Commitment 3

Commitment 4

Commitment 5

Whose name is commitment in?

Name of lender/company

Personal finances (both applicants) (continued)

Commitment 1	Commitment 2	Commitment 3	Commitment 4	Commitment 5
Monthly repayment £ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Balance outstanding £ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
End date of loan (DD/MM/YYYY) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of months in arrears <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Will this be repaid on completion in full? <input type="checkbox"/> 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 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, source of funds to repay <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total monthly maintenance payments £ <input type="text"/>				

For mortgage commitments only, complete the information below:

Mortgage type	<input type="text"/>
Remaining term	<input type="text"/>
Repayment type	<input type="text"/>
Name of lender/company	<input type="text"/>
Monthly repayment	£ <input type="text"/>
Balance outstanding	£ <input type="text"/>
End date of loan (DD/MM/YYYY)	<input type="text"/>
Current months in arrears	<input type="text"/>
Intend to repay on completion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source of repayment	<input type="text"/>
Second home monthly running costs	£ <input type="text"/>

If you have additional mortgage commitments complete section 3 on page 13.

Have any future known changes to income/expenditure been taken into account? Yes No

Financial history

Has any applicant been in arrears in the last six years with any borrowing or ever had a property repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any applicant had a County Court Judgement (CCJ) or default registered against them or, if self employed, against their business within the last 6 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any applicant been declared bankrupt, entered into an IVA or debt relief order within the last six years or still have an outstanding bankruptcy restriction order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Property information

Postal address
of the property

Postcode

Property

What type of property
is this

- House Bungalow Converted flat Purpose built flat Detached
 Semi detached End terrace Mid terrace Other

No of bedrooms

If the property is a flat,
number of floors in
the block

Which floor is the
flat on?

Purchase type

- Normal Sitting tenant Inheritance Gift Other Local authority

Was the property built
in the last 12 months?

- Yes No

Year property built

Property to be
occupied for the first
time in its current state?

- Yes No

Builder's name

If a new property is being purchased, please confirm the building standards indemnity scheme

- | | | |
|--|---|---|
| <input type="checkbox"/> NHBC | <input type="checkbox"/> Zurich Municipal | <input type="checkbox"/> Consultant Monitored |
| <input type="checkbox"/> Premier Guarantee/Liberty Legal | <input type="checkbox"/> Building Lifepans/Allianz Global Risks | <input type="checkbox"/> CRL |
| <input type="checkbox"/> LABC New Homes Warranty | <input type="checkbox"/> LABC Hallmark Warranty | <input type="checkbox"/> Buildzone |
| <input type="checkbox"/> Other | <input type="checkbox"/> None | <input type="checkbox"/> Normal |
| <input type="checkbox"/> Local Authority | <input type="checkbox"/> New Town Corporation | <input type="checkbox"/> Housing Assoc. |
| <input type="checkbox"/> The Coal Authority | <input type="checkbox"/> Builder/developer | <input type="checkbox"/> Halifax selling as possessor |
| <input type="checkbox"/> Investment Club | | |

Who is selling the
property?

Name

Do you currently own
the property?

- Yes No

Do you currently live
at the property?

- Yes No

Will anyone else
(aged 17 or over) live
at the property?

- Yes No

Occupation within
12 months

- All Part None

Will business be
carried out at this
property?

- Yes No

Legal title

What is the tenure of the property?

- Freehold Leasehold Remaining term of lease (if leasehold)
 Common hold Ownership Interest

How much will the following be? (if applicable)

Annual ground rent

£

Annual service charge

£

Annual chief rent or feu duty (Scotland)

£

Entry date – Scotland only (DD/MM/YYYY)

Type of initial occupancy property

- New build Refurbishment Conversion

Remortgage details (only to be completed for remortgage applications)

Original purchase price

£

Lender's name

Mortgage account number

Outstanding mortgage amount

£

Please provide details of any improvements you have made to the property (including estimated costs)

Has your home or nearby building been damaged by subsidence, heave, landslip or does it show any signs of cracking or bulging of walls?

- Yes No

Accommodation

Please provide the following details about the property

Number of bedrooms

Number of bathrooms

Number of separate toilets

Number of living rooms

Number of habitable rooms

Does the property have:

Central heating

- Full Part None

Central heating type

- Gas Electricity Oil Solid fuel Other

A conservatory

- Yes No

How many cars can be garaged?

Off road parking

- Yes No

A garden

- Yes No

No of acres

Road charge liability

- Yes No

Is there any other secured lending on the property?

- Yes No

Reason for remortgage

- Remortgage only Remortgage & home improvements Remortgage & debt consolidation
 Other Remortgage home improvements & debt consolidation

Other secured lending

	Loan 1	Loan 2	Loan 3
Name of lender	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>
To be repaid or postponed	<input type="checkbox"/> Repaid <input type="checkbox"/> Postponed	<input type="checkbox"/> Repaid <input type="checkbox"/> Postponed	<input type="checkbox"/> Repaid <input type="checkbox"/> Postponed
Customer advised if deed of postponement or ranking agreement needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other occupants

Please give the names of anybody aged seventeen or over and not party to the mortgage who will live at the property.

Forename(s)	<input type="text"/>
Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Surname	<input type="text"/>

Valuation details

Valuation type

<input type="checkbox"/> Valuation	<input type="checkbox"/> Survey and Valuation	<input type="checkbox"/> Building Survey and Valuation
<input type="checkbox"/> Remortgage Property Assessment <small>(Applies where product selected offers free valuation incentive)</small>	<input type="checkbox"/> Remortgage Valuation	

Access to the property

The keys can be obtained from:

Name	<input type="text"/>		
Telephone number	STD <input type="text"/>	<input type="text"/>	
Evening telephone number	STD <input type="text"/>	<input type="text"/>	
Selling agent (if different)	<input type="text"/>		
Selling agent's telephone number	STD <input type="text"/>	<input type="text"/>	Extension <input type="text"/>
Other contact details	<input type="text"/>		

Conveyancer's details

Are you using your own conveyancer?

Yes No

Name of firm

Address

Postcode

Who is acting for you?

Telephone number

STD

Fax number

STD

Insurance requirements

The property must be insured. We will contact you with details of our general insurance products and provide no obligation quotes, unless insurance has already been arranged.

Would you like a Halifax home insurance quote?

Quote No Quote

Has insurance already been arranged?

Buildings

Yes No

Company

Contents

Yes No

Company

Supporting information

If you want to provide any additional information to support your application, please use the section below.

Section 1

Additional information on previous addresses

Supporting information (continued)

Section 2

Additional information on current/previous employers

Section 3

Additional information on mortgage commitments

Mortgage type	<input type="text"/>
Remaining term	<input type="text"/>
Repayment type	<input type="text"/>
Mortgage lender	<input type="text"/>
Monthly running cost	£ <input type="text"/>
Monthly payment	£ <input type="text"/>
Outstanding balance	£ <input type="text"/>
End date (DD/MM/YYYY)	<input type="text"/>
Current months in arrears	<input type="text"/>
Intend to repay on completion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source of repayment	<input type="text"/>

Supporting information (continued)



Section 4

Any other information you feel we might need to know to help us assess your application for a mortgage, in particular, if the loan extends beyond retirement age. Please confirm how you intend to maintain payments.

Easy ways to make your payments

For your convenience monthly payments will be made from a bank/building society using direct debit. Please complete the section below.


Payment mandate

	Instructions to your bank or building society to pay direct debits		
To: The Manager		Originator's Identification Number	
Bank or Building Society		8 8 3 0 0 8	
Address		Please pay Halifax Direct Debits from the account detailed on this Instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with Halifax and, if so, details will be passed electronically to my Bank/Building Society.	
Postcode			
Name of account holder(s)	<input type="text"/>		
Bank or Building Society account number	<input type="text"/>	Signature(s)	Date
Branch sort code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Halifax plc reference number	<input type="text"/>	<input type="text"/>	<input type="text"/>

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts.

Do you want to pay your insurance premiums in monthly instalments? Yes No

Please retain this section for your information


The Direct Debit Guarantee – this should be retained
<ul style="list-style-type: none">• This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.• If the amounts to be paid or the payment dates change, the Halifax will notify you 4 working days in advance of your account being debited or as otherwise agreed.• If an error is made by Halifax, a division of Bank of Scotland plc, or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.• You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

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