

Commercial Mortgage Application Form

Section 1

Intermediary details (Intermediary to complete)

Name			
Company Name			
Address			
		Postcode	
Email Address			
Telephone			
Mobile			
Facsimile			
FCA Number		(if applicable)	

I confirm that the information contained within this application is true and correct to the best of my knowledge.

Signature of Intermediary		Date	
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Section 2

Packager Details (Active Investments to complete)

Contact Name			
Company Name	Active Investments		
Address	ø•œ[[!ÊÁU!] @~•P[~•^ÊÔa\çæÚæ ÊÔâ^!{ æ d } ÊÓ^!•@^Á		
		Postcode	RG7 8TA
Email Address	info@active-investments.co.uk		
Telephone	0118 945 2288	Facsimile	0118 941 3878
Company Number	3063014	CCL no.	395815
		Data Prot no.	
Name of network or B.D.M (if applicable)			
Signature on behalf of packager			
Print name			
Case Manager		Active Investments ref. Number	

Section 3

Application Summary (Intermediary to complete)

Purpose (please tick)

Property Purchase

☐

Property Refinance

☐

Business Finance/Working Capital

☐

Bridging

☐

Property Development

☐

Other

☐

Amount Required

£

Purchase Price / Value

£

Applicant's funds/contribution

£

Source

Term required

years

Payment required

Capital & Interest

☐

Interest Only

☐

Payment required

Lump sum (specify source)

Brief description of security available

Section 4

Borrowers Personal Details

(please complete if you are an individual applicant or the first two Directors/Partners)

	1st applicant	2nd applicant
Mr/Mrs/Miss/Other		
Surname		
Forename(s)		
Date of Birth		
Dependents	How many? <input type="checkbox"/> Ages <input type="checkbox"/>	How many? <input type="checkbox"/> Ages <input type="checkbox"/>
Martial Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Widowed <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Widowed <input type="checkbox"/>
Home Address		
Postcode		

Section 4
continued

Residential Status	1st applicant		2nd applicant				
	Homeowner	<input type="checkbox"/>	Tenant	<input type="checkbox"/>			
	Living with Relatives	<input type="checkbox"/>	Living with Relatives	<input type="checkbox"/>			
	Other	<input type="text"/>		Other	<input type="text"/>		
Time at current address	<input type="text"/> years <input type="text"/> months		<input type="text"/> years <input type="text"/> months				
If less than 3 years please give previous address*	<input type="text"/>		<input type="text"/>				
	<input type="text"/>		<input type="text"/>				
	<input type="text"/>		<input type="text"/>				
	Postcode	<input type="text"/>	Postcode	<input type="text"/>			
Residential status at previous address	Homeowner		<input type="checkbox"/>	Tenant	<input type="checkbox"/>		
	Living with Relatives		<input type="checkbox"/>	Living with Relatives	<input type="checkbox"/>		
	Other		<input type="text"/>		Other	<input type="text"/>	
	Time at previous address	<input type="text"/> years <input type="text"/> months		<input type="text"/> years <input type="text"/> months			
Current Contact Details							
Telephone (home)	<input type="text"/>		<input type="text"/>				
Telephone (work)	<input type="text"/>		<input type="text"/>				
Mobile	<input type="text"/>		<input type="text"/>				
Facsimile	<input type="text"/>		<input type="text"/>				
Email	<input type="text"/>		<input type="text"/>				

*If the applicant has had more than one previous residence in the last 3 years please provide full addresses for each property on a separate sheet of paper and attached to this form.

Section 5

Employment Details

Employed (Please complete this section if you are employed only)

	1st applicant	2nd applicant
Occupation		
Employer's name		
Employers address		
Postcode		
Start date D/M/Y	/ /	/ /
Annual gross salary	£	£
Other regular income	£	£
State Benefits	£	£

Section 6

Self-employed (please complete this case if you are self-employed)

Self-employed (Please complete this section if you are self-employed only)

	1st applicant	2nd applicant
Name of Business		
Business Address		
Postcode		
Date Started Trading	/ /	/ /
Net profit per annum	£ Year ending	£ Year ending
	£ Year ending	£ Year ending
	£ Year ending	£ Year ending
Other regular income	£	£
State benefits	£	£
Other regular income	£	£

Section 7

Proposal (what money is to be used for?)

Purchase value/Estimated price

£

Loan required

£

Term

years

Address

	Postcode

Tenure

Freehold

☐

Leasehold

☐

If borrowing by Ltd company please provide name

If leasehold, years remaining on lease

years

Annual Rent

£

Date

/ /

Vacant possession or completion?

Yes

☐

No

☐

Is property currently let?

Yes

☐

No

☐

Name of Tenant

Telephone no

Is the property let on an AST (Assured Shorthold Tenancy) basis?

Yes

☐

No

☐

If yes provide details on additional page at rear of form

Intended use?

Own business

☐

Investment

☐

Own business & residential

☐

Access contact for valuation

If providing additional security please advise us of all the above information on the additional security in section 9 of this application form.

If you are re-mortgaging please provide details of first and second charges on the above property.

Lender name

Account No.

Outstanding balance

£

Original purchase price

£

Date purchased

Purpose of Loan

(capital raising/better rate etc)

	Solicitor's details	Accountant's details
Name of firm		
Solicitor acting		
Address of solicitor		
	Postcode	Postcode
Telephone number		
Facsimile		
Email Address		
DX number		
Number of partners in firm		

[illegible]

Section 10
Declaration (Must be completed in all cases by each applicant)

	1st applicant		2nd applicant	
Have you ever been convicted of any offence (other than driving offences)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had an insurer decline or cancel insurance /or impose special terms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or have you been in arrears with any credit agreement e.g mortgage, loan, etc. within the last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had any County Court Judgements against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

I/We declare that the information given above is complete and correct.

I/We authorise Active Investments to provide information contained in this application to lenders or potential lenders in order for them to assess my/our application.

I/We accept that the lenders in question will process the data to assess the application and authorise them to take all necessary action to complete this assessment. This may include sharing information with other firms or agencies and will also involve the lender retaining information.

If you do not wish to accept these terms we will not be able to provide information to any lender and as such not be able to conclude your application.

The lender(s) may wish to use my/our information in other ways, such as marketing, and may wish to do this by passing your information to other members of it's Group, however defined.

If you DO NOT authorise the lender(s) to process your information in this way please tick this box ☐

Please provide Active Investments with any such information they require in connection with this application.

I/we am/are aware that Active Investments may Charge an application fee and a broker fee and that they may also receive commission from the bank or lender.

APPLICANT	
INDIVIDUAL/PARTNER 1/DIRECTOR 1	
Signature	<input type="text"/>
Print Name	<input type="text"/>
Date	<input type="text"/>
PARTNER 2/DIRECTOR 2	
Signature	<input type="text"/>
Print Name	<input type="text"/>
Date	<input type="text"/>
PARTNER 3/DIRECTOR 3	
Signature	<input type="text"/>
Print Name	<input type="text"/>
Date	<input type="text"/>
PARTNER 4/DIRECTOR 4	
Signature	<input type="text"/>
Print Name	<input type="text"/>
Date	<input type="text"/>