

RESIDENTIAL MORTGAGE

Application Form



Please use **BLOCK CAPITALS** and fill in all sections or tick boxes, as appropriate.

APPLICATION TYPE

Residential Purchase

Family Assist

Please complete the Family Assist Guarantor Application form in conjunction with this application. This can be found on our website mansfieldbs.co.uk/intermediaries

Residential Remortgage

Retirement Interest Only

Please complete the Declaration of Advice form (Retirement Interest Only Mortgages) in conjunction with this application. This can be found on our website mansfieldbs.co.uk/intermediaries

Shared Equity

Transfer of Equity

Shared Ownership

Right to Buy

Joint Borrower /
Sole Proprietor
(JBSP)

Product Applied for & Product Code

MORTGAGE INTERMEDIARY DETAILS

Individuals Name _____

Business Name _____

Business Address _____

Mobile No. _____

Email Address _____

Website Address _____

FCA Registration No. _____

Name of Principal/Network _____

FCA No. of Principal/Network _____

Mortgage Club (if applicable) _____

Name of Packager (if applicable) _____

Has the applicant been seen face to face? YES NO

Advised? YES NO

Execution Only? YES NO

State here the date you issued a mortgage illustration to your client _____

Consent

I, as the acting mortgage intermediary, hereby give my consent for my details to be held on the Mansfield Building Society database and would like to receive product information from the Mansfield Building Society by email.

YES NO

I can confirm that the firm is authorised by the Financial Conduct Authority and has appropriate permissions to advise on/arrange regulated mortgage contracts.

Signed: Dated:

RESIDENTIAL MORTGAGE APPLICATION FORM

FEES APPLICABLE TO THE MORTGAGE APPLICATION

List below fees which are applicable to the product and those which you have included in your illustration to the applicant

| Type of Fee | To whom payable | When payable | Refundable Yes/No | Amount (£) |
|-------------|-----------------|--------------|----------------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

APPLICATION FEE

If an application fee is payable with the selected product, please indicate below how you wish to pay this fee.

I enclose a cheque payable to 'The Mansfield Building Society' in respect of the application fee

I wish to pay the application fee by debit/credit card. We will contact you for payment on receipt of your application

RESIDENTIAL MORTGAGE APPLICATION FORM

SUBMISSION CHECKLIST

A number of documents are required to be submitted together with this mortgage application form.

Please ensure that these documents are submitted with the application form to avoid delays.

You should note that the processing of your mortgage application will be delayed if you do not submit the documents indicated in the checklist along with the required application fee. The application fee can be paid by cheque or debit/credit card on submission of the application.

| | Applicant 1 | Applicant 2 |
|---|--------------------------|--------------------------|
| Proof of earnings 3 months latest payslips | <input type="checkbox"/> | <input type="checkbox"/> |
| Latest 2 years accounts and HMRC Tax Assessments | <input type="checkbox"/> | <input type="checkbox"/> |
| Latest 3 months full bank statements showing salary credits | <input type="checkbox"/> | <input type="checkbox"/> |
| Latest P60 | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of any other income | <input type="checkbox"/> | <input type="checkbox"/> |
| Most recent confirmation of retirement income | <input type="checkbox"/> | <input type="checkbox"/> |
| Pension forecasts State/Final Salary Scheme/ Personal Pension Scheme | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of the most recent contract of employment (if contract worker) | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of Deposit (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of mortgage or rent payments 12 months proof of mortgage or rent payments | <input type="checkbox"/> | <input type="checkbox"/> |
| Shared Ownership only Memorandum of Sale | <input type="checkbox"/> | <input type="checkbox"/> |
| Retirement Interest Only (RIO) Declaration of Advice Form - Retirement Interest Only Mortgage | <input type="checkbox"/> | <input type="checkbox"/> |
| Family Assist only Family Assist Mortgage Guarantor Application Form | <input type="checkbox"/> | <input type="checkbox"/> |

RESIDENTIAL MORTGAGE APPLICATION FORM

1 PERSONAL DETAILS

Are you a: Applicant Guarantor Applicant Guarantor
 Applicant - Not named on the deeds (JBSP) Applicant - Not named on the deeds (JBSP)

| | Applicant 1 | Applicant 2 |
|--|-------------|-------------|
| Mr/Mrs/Miss/Ms/Other: | | |
| First name(s) in full: | | |
| Surname: | | |
| Marital/Civil Partnership status: <small>(If separated or divorced, has a settlement been agreed? Please give details on page 13)</small> | | |
| Previous surname: | | |
| Date of birth: | DD/MM/YYYY | DD/MM/YYYY |
| Anticipated/expected retirement age: | | |
| National Insurance Number: | | |
| Nationality: | | |

Do you have indefinite leave to remain in the UK? Yes: No: Yes: No:

| | | |
|--------------------------|--|--|
| Home telephone number: | | |
| Mobile telephone number: | | |
| Work telephone number: | | |
| Email address: | | |

Number of dependent children/adults: Age(s): Age(s):

2 ADDRESS HISTORY

CURRENT ADDRESS

| | | |
|-----------|--|--|
| Address: | | |
| | | |
| | | |
| | | |
| Postcode: | | |

Date moved in to this address: Month: Year: Month: Year:

If you have resided at your current address for less than 3 years, please provide details of your previous address(es) on page 5

Are you registered on the electoral roll at this address? Yes: No: Yes: No:

If you are not registered at this address, please provide an explanation regarding this in the boxes below:

| | |
|--|--|
| | |
| | |

Are you a: Homeowner with mortgage Homeowner without mortgage Homeowner with mortgage Homeowner without mortgage
 Living with family/friends Tenant Other Living with family/friends Tenant Other
If 'Other', Please note in the additional information section If 'Other', Please note in the additional information section

Would you like this to be used as your correspondence address? Yes: No: Yes: No:

If 'No', please confirm your preferred correspondence address:

| | |
|-----------|--|
| | |
| | |
| | |
| | |
| Postcode: | |

RESIDENTIAL MORTGAGE APPLICATION FORM

Applicant 1

Applicant 2

| | | |
|--|--|--|
| Name of current Lender/Landlord: | <input type="text"/> | <input type="text"/> |
| Address of Lender/Landlord: | <input type="text"/> | <input type="text"/> |
| Postcode: | <input type="text"/> | <input type="text"/> |
| Current monthly mortgage/rent payment: | £ <input type="text"/> | £ <input type="text"/> |
| Mortgage account number: (if applicable) | <input type="text"/> | <input type="text"/> |
| Mortgage account holders: | <input type="text"/> | <input type="text"/> |
| Date commenced: | MM/YYYY <input type="text"/> | MM/YYYY <input type="text"/> |
| Current mortgage balance outstanding: | £ <input type="text"/> | £ <input type="text"/> |
| Is the property to be sold on or before completion of this mortgage? | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| If being sold, how much for? | £ <input type="text"/> | £ <input type="text"/> |

If you own any other properties please complete the property portfolio section of this form (page 14)

PREVIOUS ADDRESS

| | | | | |
|-----------------------------------|---|---|---|---|
| Previous address: | <input type="text"/> | <input type="text"/> | | |
| Postcode: | <input type="text"/> | <input type="text"/> | | |
| Were you: | Homeowner with mortgage <input type="checkbox"/> Living with family/friends <input type="checkbox"/> | Homeowner without mortgage <input type="checkbox"/> Tenant <input type="checkbox"/> Other <input type="checkbox"/> | Homeowner with mortgage <input type="checkbox"/> Living with family/friends <input type="checkbox"/> | Homeowner without mortgage <input type="checkbox"/> Tenant <input type="checkbox"/> Other <input type="checkbox"/> |
| Date moved into this address: | MM/YYYY <input type="text"/> | MM/YYYY <input type="text"/> | | |
| Name of previous Lender/Landlord: | <input type="text"/> | <input type="text"/> | | |
| Address: | <input type="text"/> | <input type="text"/> | | |
| Postcode: | <input type="text"/> | <input type="text"/> | | |
| Monthly payment: | £ <input type="text"/> | £ <input type="text"/> | | |

If 'Other', Please note in the additional information section

If 'Other', Please note in the additional information section

RESIDENTIAL MORTGAGE APPLICATION FORM

3 EMPLOYMENT DETAILS

CURRENT EMPLOYMENT

| | Applicant 1 | | Applicant 2 | |
|---|---|------------------------------|---|------------------------------|
| If employed, do you have a: | Permanent Contract | <input type="checkbox"/> | Fixed Term Contract | <input type="checkbox"/> |
| | Temporary Contract | <input type="checkbox"/> | Part Time Contract | <input type="checkbox"/> |
| | Permanent Contract | <input type="checkbox"/> | Fixed Term Contract | <input type="checkbox"/> |
| | Temporary Contract | <input type="checkbox"/> | Part Time Contract | <input type="checkbox"/> |
| Job title: | <input type="text"/> | | <input type="text"/> | |
| Employer's name: | <input type="text"/> | | <input type="text"/> | |
| Employer's address: | <input type="text"/> | | <input type="text"/> | |
| | <input type="text"/> | | <input type="text"/> | |
| | <input type="text"/> | | <input type="text"/> | |
| | <input type="text"/> | | <input type="text"/> | |
| Postcode: | <input type="text"/> | | <input type="text"/> | |
| Where is your usual place of work (if different from the above)? | <input type="text"/> | | <input type="text"/> | |
| Nature of business: | <input type="text"/> | | <input type="text"/> | |
| Employed within your family business? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| Employment start date: | <input type="text" value="DD/MM/YYYY"/> | | <input type="text" value="DD/MM/YYYY"/> | |
| Are you in a probationary period? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| If 'Yes', when does this probationary period end? | <input type="text" value="DD/MM/YYYY"/> | | <input type="text" value="DD/MM/YYYY"/> | |
| How many hours per week are you contracted for? | <input type="text"/> | | <input type="text"/> | |
| Payroll number: | <input type="text"/> | | <input type="text"/> | |
| Contact name for employment reference: | <input type="text"/> | | <input type="text"/> | |
| Employer's telephone number: | <input type="text"/> | | <input type="text"/> | |
| Employer's email address: | <input type="text"/> | | <input type="text"/> | |
| Have you been served with a notice of redundancy or other notice of termination by your employer? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

If fixed term contract:

| | | |
|--|---|---|
| When did you commence your current contract? | <input type="text" value="DD/MM/YYYY"/> | <input type="text" value="DD/MM/YYYY"/> |
| What is the end date of your current contract? | <input type="text" value="DD/MM/YYYY"/> | <input type="text" value="DD/MM/YYYY"/> |

PREVIOUS EMPLOYMENT

If you have been in your current employment for less than 3 years, please complete this section

| | | |
|------------------------|---|---|
| Job title: | <input type="text"/> | <input type="text"/> |
| Employer's name: | <input type="text"/> | <input type="text"/> |
| Employer's address: | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| Postcode: | <input type="text"/> | <input type="text"/> |
| Employment start date: | <input type="text" value="DD/MM/YYYY"/> | <input type="text" value="DD/MM/YYYY"/> |
| Employment end date: | <input type="text" value="DD/MM/YYYY"/> | <input type="text" value="DD/MM/YYYY"/> |
| Reason for leaving: | <input type="text"/> | <input type="text"/> |

RESIDENTIAL MORTGAGE APPLICATION FORM

SELF EMPLOYMENT DETAILS

If you are self employed or a company director please complete the section below

Applicant 1

Applicant 2

| | | | | | | |
|---|-----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|----------------------------------|--------------------------------------|
| Are you a: | Director <input type="checkbox"/> | Partner <input type="checkbox"/> | Sole Trader <input type="checkbox"/> | Director <input type="checkbox"/> | Partner <input type="checkbox"/> | Sole Trader <input type="checkbox"/> |
| Name of business: | <input type="text"/> | | | <input type="text"/> | | |
| Company address: | <input type="text"/> | | | <input type="text"/> | | |
| | <input type="text"/> | | | <input type="text"/> | | |
| | <input type="text"/> | | | <input type="text"/> | | |
| Postcode: | <input type="text"/> | | | <input type="text"/> | | |
| Company telephone number: | <input type="text"/> | | | <input type="text"/> | | |
| Company email address: | <input type="text"/> | | | <input type="text"/> | | |
| Nature of business: | <input type="text"/> | | | <input type="text"/> | | |
| Company registration number: | <input type="text"/> | | | <input type="text"/> | | |
| How long has the company been trading? | Years: <input type="text"/> | Months: <input type="text"/> | | Years: <input type="text"/> | Months: <input type="text"/> | |
| What percentage of the shares in the business do you own? | <input type="text"/> % | | | <input type="text"/> % | | |

COMPANY ACCOUNTANT DETAILS

| | | | | | | |
|--------------------|----------------------|--|--|----------------------|--|--|
| Name of firm: | <input type="text"/> | | | <input type="text"/> | | |
| Address: | <input type="text"/> | | | <input type="text"/> | | |
| | <input type="text"/> | | | <input type="text"/> | | |
| | <input type="text"/> | | | <input type="text"/> | | |
| Postcode: | <input type="text"/> | | | <input type="text"/> | | |
| Telephone number: | <input type="text"/> | | | <input type="text"/> | | |
| Email address: | <input type="text"/> | | | <input type="text"/> | | |
| Accountant's name: | <input type="text"/> | | | <input type="text"/> | | |
| Qualification: | <input type="text"/> | | | <input type="text"/> | | |

PREVIOUS SELF EMPLOYED DETAILS

Please provide full details of any other self-employment within the last 3 years on the additional information section on page 13

4 INCOME DETAILS

GROSS INCOME FROM EMPLOYMENT

| | | | | |
|-----------------------------|----------------|----------------------|----------------|----------------------|
| Basic salary: | Yearly amount: | <input type="text"/> | Yearly amount: | <input type="text"/> |
| Shift allowance/Commission: | Yearly amount: | <input type="text"/> | Yearly amount: | <input type="text"/> |
| Guaranteed overtime/bonus: | Yearly amount: | <input type="text"/> | Yearly amount: | <input type="text"/> |
| Regular overtime/bonus: | Yearly amount: | <input type="text"/> | Yearly amount: | <input type="text"/> |
| Car allowance: | Yearly amount: | <input type="text"/> | Yearly amount: | <input type="text"/> |
| Net rental income: | Yearly amount: | <input type="text"/> | Yearly amount: | <input type="text"/> |
| Second job income: | Yearly amount: | <input type="text"/> | Yearly amount: | <input type="text"/> |

RESIDENTIAL MORTGAGE APPLICATION FORM

INCOME FROM SELF-EMPLOYMENT

Applicant 1

Applicant 2

| Year ended (latest 2 years) | Most recent year (____) | Previous year (____) | Most recent year (____) | Previous year (____) |
|-----------------------------|----------------------------|-------------------------|----------------------------|-------------------------|
| Net profit: | £ | £ | £ | £ |
| Dividends: | £ | £ | £ | £ |
| Directors remuneration: | £ | £ | £ | £ |

OTHER

| | | | | |
|---|----------------|---|----------------|---|
| Private pension income: | Yearly amount: | £ | Yearly amount: | £ |
| State pension income: | Yearly amount: | £ | Yearly amount: | £ |
| Maintenance by court order: | Yearly amount: | £ | Yearly amount: | £ |
| Maintenance by private arrangement: | Yearly amount: | £ | Yearly amount: | £ |
| Other benefits: | Yearly amount: | £ | Yearly amount: | £ |
| If 'Other', please specify type of benefit: | | | | |

FURTHER INFORMATION - INCOME

Are there any expected material changes to your income in the future, which may impact your ability to repay the mortgage? Yes: No: Yes: No:

If 'Yes', please describe these changes:

Is any of the income noted above paid in a currency other than Sterling? Yes: No: Yes: No:

If 'Yes', Please confirm which income and the currency in which it is paid in the additional information section on page 13

If 'Yes', Please confirm which income and the currency in which it is paid in the additional information section on page 13

5 COMMITTED EXPENDITURE

| App 1 | | App 2 | | Type of commitment (student loans, credit cards, loans, maintenance, childcare, overdrafts, store cards, mail order, hire purchase and mortgage payments etc.) | Account Number | Name of Provider | Secured? | Account Outstanding | Monthly payment | Credit Limit | Contract end date | To be repaid by this mortgage advance | |
|-------|-----|-------|-----|---|----------------|------------------|----------|---------------------|-----------------|--------------|-------------------|---------------------------------------|-----|
| Yes: | No: | Yes: | No: | Yes: | No: | Yes: | No: | Yes: | No: | Yes: | No: | Yes: | No: |
| | | | | | | | | £ | £ | | | | |
| | | | | | | | | £ | £ | | | | |
| | | | | | | | | £ | £ | | | | |
| | | | | | | | | £ | £ | | | | |
| | | | | | | | | £ | £ | | | | |
| | | | | | | | | £ | £ | | | | |
| | | | | | | | | £ | £ | | | | |
| | | | | | | | | £ | £ | | | | |
| | | | | | | | | £ | £ | | | | |

If you have any other mortgages, please provide full details on page 14

Are all credit cards cleared on a monthly basis? Yes: No: Yes: No:

Do you have a current overdraft facility? Yes: No: Yes: No:

If 'Yes', on which account and how much have you been overdrawn in the last 6 months?

RESIDENTIAL MORTGAGE APPLICATION FORM

6 CREDIT HISTORY

If you answer yes to any of the questions below, please provide full details and an explanation of circumstances in the box provided

| | App 1 | | App 2 | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| a) Have you ever personally or as a Company Director been bankrupt (sequestration)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are you aware of any impending bankruptcy (sequestration) or arrangement with creditors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Are you currently in a Debt Management Plan (Debt Arrangement Scheme), IVA (Protected Trust Deed) or in a payment arrangement with your creditors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Have you ever had a County Court Judgement (Decree), Default Notice or any other Court Order for non-payment of a debt against you in the last 36 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) If you are self-employed or a controlling Director, have you ever had a County Court Judgement (Decree) or any other Court Order for non-payment of a debt made against your firm/company? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Have you had any payday loans in the last 2 years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Have you ever had a property repossessed or voluntarily surrendered a property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Have you ever been refused a mortgage, loan or any other credit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Are any legal proceedings being taken against you in relation to any financial commitment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Have you, or has any person resident with you, had any criminal convictions or are there any pending prosecutions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Have you given a financial guarantee to any person or company in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Have you ever failed to keep up the payments on any secured or unsecured commitment in the last 2 years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Are there any other matters that should be brought to the attention of the Society? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide information on dates, dates satisfied, amount(s), reasons, if payments are up-to-date and any other details in this box

RESIDENTIAL MORTGAGE APPLICATION FORM

7 PROPERTY TO BE MORTGAGED

Full address of property to be mortgaged:

| |
|--|
| |
| |
| |

Postcode:

| | |
|--|--|
| | |
|--|--|

Is the property Shared Ownership? Yes: No:

If 'Yes', confirm % of share being purchased and details of the Housing Association:

| |
|--|
| |
| |

Type of valuation required: Basic Mortgage Valuation RICS Homebuyer Survey

Name and address of Agent/Vendor:

| |
|--|
| |
| |
| |

Postcode:

| | |
|--|--|
| | |
|--|--|

Telephone number:

| | |
|--|--|
| | |
|--|--|

Are you related to or are you in any business relationship with the vendor? Yes: No:

If 'Yes', what is the nature of this relationship?

| |
|--|
| |
|--|

Please tell us the number of: Living Rooms Kitchens Bathrooms Bedrooms WCs Basements

Is there a garage? Yes: No:

Type of property: House Bungalow Purpose-built flat/maisonette Converted flat/maisonette

If the property is a flat: On which floor is the flat? How many floors are in the block?

Property style: Detached Semi-Detached Terraced Other: (Please specify)

Tenure: Freehold Leasehold Commonhold Heritable (Scotland)

Is the freehold being purchased? Yes: No:

If 'Yes', please provide further details:

| |
|--|
| |
|--|

Is the property of traditional construction? Yes: No:

Type of walls: Brick Stone If 'Other' please state:

Type of roof: Tile Slate Flat If 'Other' please state:

When was the property built? (Year)

If the property is under 10 years old, is there a valid NHBC or other similar certificate? Yes: No: N/A:

If 'Yes', please provide full details:

| |
|--|
| |
|--|

Is the property ex local authority? Yes: No:

Is the property a listed building? Yes: No:

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Is the property subject to a section 106/section 75 agreement? Yes: No:

Will any business be carried out in the property? Yes: No:

Do you intend to let any part of the property? Yes: No:

If you have answered 'Yes' to any of the above, please provide further details in the additional information section on page 13

LEASEHOLD PROPERTY (if applicable)

Annual ground rent: Per Annum

Annual service charge: Per Annum

Unexpired lease term (years):

Name and address of Landlord/
Management Company:

| |
|--|
| |
| |
| |

DEPENDENTS AND OCCUPANTS OF THE PROPERTY

Please provide details of any adults (aged 17 or over) who will or may live in the property on completion

| Forename(s) | Surname | Previous Name | Date of Birth | Is this person financially dependent on any applicant to this mortgage? | | Relationship to applicant(s) |
|-------------|---------|---------------|---------------|---|------------------------------|------------------------------|
| | | | | 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: <input type="checkbox"/> | |
| | | | | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | |
| | | | | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | |

8 YOUR MORTGAGE REQUIREMENTS

Please indicate whether: Purchase Remortgage Transfer of Equity

Loan amount:

Purchase Price/Estimated value of property:

Term of Mortgage:

Repayment method: Capital and Repayment Interest Only Part and Part If part and part, please confirm the split: Repayment: Interest Only:

If Interest Only, please provide details of the selected Repayment Strategy:

- | | |
|---|---|
| a) Savings <input type="checkbox"/> | g) Unit Trust or Investment Trust plan <input type="checkbox"/> |
| b) Endowment policy <input type="checkbox"/> | h) Sale of an unencumbered UK located BTL/holiday home property <input type="checkbox"/> |
| c) Stocks and Shares <input type="checkbox"/> | i) Sale of other property <input type="checkbox"/> |
| d) Downsizing <input type="checkbox"/> | j) Proven Inheritance <input type="checkbox"/> |
| e) Existing Personal Equity Plans <input type="checkbox"/> | k) If Other, please specify <input type="text"/> |
| f) Pension Lump Sum <input type="checkbox"/> | |

Currency of Repayment Strategy (if not in UK Sterling):

RESIDENTIAL MORTGAGE APPLICATION FORM

IF PURCHASE

Source of deposit -
Tick the boxes that apply:

Savings:

Gift:

Equity from current property:

Other:

Please provide
full details:

If a gift, please confirm the amount:

£

Name and address of donor:

Postcode:

Relationship to applicant(s):

IF REMORTGAGE (OR TRANSFER OF EQUITY)

Amount required to repay existing
mortgage:

£

Amount required to repay a second
charge:

£

Amount required to purchase another
property:

£

Amount required for home
improvements:

£

Amount required for debt consolidation:

£

Amount required for divorce settlement:

£

Other:

£

Please specify:

9 SOLICITOR DETAILS

Name of individual acting for you:

Name of firm:

Firm address:

Postcode:

Telephone number:

Fax number:

Email address:

10 ADDITIONAL INFORMATION

Empty rectangular area for providing additional information.

11 PROPERTY PORTFOLIO

PROPERTY 1

Address _____

Name of lender _____

Property owned by _____

Account number

Date of purchase

Estimated value £

Mortgage balance £

Mortgage payment £ per month

Current interest rate %

Interest rate type Fixed Discount Tracker

Rental income £ per month

Is this let to a family member? YES NO

PROPERTY 2

Address _____

Name of lender _____

Property owned by _____

Account number

Date of purchase

Estimated value £

Mortgage balance £

Mortgage payment £ per month

Current interest rate %

Interest rate type Fixed Discount Tracker

Rental income £ per month

Is this let to a family member? YES NO

PROPERTY 3

Address _____

Name of lender _____

Property owned by _____

Account number

Date of purchase

Estimated value £

Mortgage balance £

Mortgage payment £ per month

Current interest rate %

Interest rate type Fixed Discount Tracker

Rental income £ per month

Is this let to a family member? YES NO

PROPERTY 4

Address _____

Name of lender _____

Property owned by _____

Account number

Date of purchase

Estimated value £

Mortgage balance £

Mortgage payment £ per month

Current interest rate %

Interest rate type Fixed Discount Tracker

Rental income £ per month

Is this let to a family member? YES NO

PROPERTY 5

Address _____

Name of lender _____

Property owned by _____

Account number

Date of purchase

Estimated value £

Mortgage balance £

Mortgage payment £ per month

Current interest rate %

Interest rate type Fixed Discount Tracker

Rental income £ per month

Is this let to a family member? YES NO

PROPERTY 6

Address _____

Name of lender _____

Property owned by _____

Account number

Date of purchase

Estimated value £

Mortgage balance £

Mortgage payment £ per month

Current interest rate %

Interest rate type Fixed Discount Tracker

Rental income £ per month

Is this let to a family member? YES NO

RESIDENTIAL MORTGAGE APPLICATION FORM

12 DECLARATION - PLEASE READ CAREFULLY BEFORE YOU SIGN

Data Protection - Your personal information and what we do with it

At The Mansfield Building Society we take your privacy seriously. Personal information you provide to The Mansfield Building Society and how we process this will depend on the products or services you apply for and (if your application is successful) obtain from us.

Full details of the types of personal information we collect from you, how we use, store and share this information, together with your individual rights, can be found in our Privacy Notice which can be accessed at mansfieldbs.co.uk. Alternatively, you can pick up a copy from any of our branches or you can ask us to post a copy to you. It is important that you read the Privacy Notice.

It is important that the information you give us is accurate and up to date. The Society reserves the right to withdraw any Offer of Advance if the information provided in this form is found to be false or inaccurate.

In order to prevent or detect fraud, the information provided in this application will be shared with fraud prevention agencies. To prevent or detect fraud, or to assist in verifying your identity, we will make searches at fraud prevention agencies who will supply us with this information. We will record this information. We will also pass information to financial and other organisations involved in fraud prevention to protect ourselves and our customers from theft and fraud. We, and other companies will use this information if decisions are made about you or others at your address(es) on credit or credit-related services or motor, household, credit, life or any other insurance facilities. It may also be used for tracing and claims assessment. If false or inaccurate information is provided and fraud identified, details will be passed to fraud prevention agency/ies to prevent fraud and money laundering.

We will take up all necessary references from the information that you have provided and that are relevant to this application.

We will provide confidential information about your finances to any person(s) giving a guarantee or other security, or to their legal adviser whilst we are processing this application and during the life of the mortgage.

I/We hereby apply for an advance to be made to me/us in accordance with the General Mortgage Conditions of The Mansfield Building Society and the provisions of the Mortgage Deed.

I/We declare that:

1. I am/We are aged 18 years and over
2. The information given in this application is true and correct to the best of my/our knowledge
3. I/We will inform the Society of any changes to this information immediately
4. I/We fully understand that the payment of the valuation fee shall not bind the Society to grant an advance
5. I/We fully understand that the making of an advance will not imply any warranty by the Society as to the reasonableness of the purchase price, the soundness of construction or state of repair of the property
6. I/We understand that borrowers (except corporate borrowers) are members of The Mansfield Building Society and bound by its rules
7. I/We have read and accept the above statement regarding Data Protection - Your personal information and what we do with it
8. I/We will ensure that the property is insured for the full reinstatement value, on or before completion of my/our mortgage.

APPLICANT 1

Signed: Print name in BLOCK CAPITALS Date:

APPLICANT 2

Signed: Print name in BLOCK CAPITALS Date:

APPLICANT 3

Signed: Print name in BLOCK CAPITALS Date:

APPLICANT 4

Signed: Print name in BLOCK CAPITALS Date:

RESIDENTIAL MORTGAGE APPLICATION FORM

Would you like to receive information about our other products and services?

From time to time we would like to contact you with details of other products and services we provide, including our community activities and latest news. If you consent to us contacting you for this purpose, please tick to say how you would like us to contact you:

APPLICANT 1

Post Email Telephone Text Message

APPLICANT 2

Post Email Telephone Text Message

Please ensure you have provided us with the relevant contact details in the 'Personal Details' section of this application form to enable us to contact you through your preferred method(s)

You can update your marketing preferences or stop receiving marketing from us at any time by writing to us at Regent House, Regent Street, Mansfield, Nottinghamshire NG18 1SS, calling us on 01623 676300, visiting any of our branches, completing the online form at mansfieldbs.co.uk or by following the instructions on how to update your preferences in any marketing email or other communication that you receive from us.

YOUR HOME MAY BE REPOSSESSED IF YOU DO NOT KEEP UP REPAYMENTS ON YOUR MORTGAGE

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Reference number 206049.

The Mansfield Building Society is a member of the Building Societies Association.

Principal Office:

**Regent House
Regent Street
Mansfield
Nottinghamshire
NG18 1SS**

t: 01623 676300

w: mansfieldbs.co.uk

Direct Applications: 01623 676345

Intermediary Applications: 01623 676360

Branch Offices:

**25 Market Place
Mansfield
Nottinghamshire
NG18 1JA**

**22-26 Low Street
Sutton-in-Ashfield
Nottinghamshire
NG17 1DG**

**91 New Square
Chesterfield
Derbyshire
S40 1AH**

**48 Station Street
Kirkby-in-Ashfield
Nottinghamshire
NG17 7AS**

t: 01623 676350

t: 01623 554265

t: 01246 202055

t: 01623 756601

RESIDENTIAL MORTGAGE APPLICATION FORM

13 HOUSEHOLD INSURANCE

We require that your property is insured for the full reinstatement value, on or before completion of your mortgage.

Protecting your property and its contents is an important decision and we feel that you should be able to select the level of cover to meet your own requirements.

The Mansfield Building Society does not provide household insurance products, however we have partnered with Uinsure an award winning insurance provider, to offer competitive 5 star defaqto rated* Home Insurance.

Uinsure's Home Insurance brings together a selected panel of leading UK insurers to compete purely on price against a common worded policy. Uinsure do not provide advice and they will not give you a personal recommendation, however they will provide you with all the information you need on the policy options to help you make your own decision.

Key benefits of Uinsure Home Insurance:

- Up to £1 million rebuilding costs to cover against loss or damage to the structure of your home
- £75,000 contents cover provided as standard with the option to increase to £100,000
- Optional extras that are right for you and you only pay for the additional cover you need
- Home Insurance is underwritten by a selected panel of leading UK insurers
- Experienced claims service with UK-based staff
- Maximum defaqto 5 star rating* provides you with independent expert reassurance about the quality of your home insurance policy

* Uinsure Home Insurance has received 5 star defaqto rating 2014-2019

Please tick the box if you consent to your name, address and telephone number being provided to Uinsure for the purpose of them contacting you to discuss your insurance needs and requirements

Home Insurance is arranged and administered by Uinsure Limited. Uinsure Limited is authorised and regulated by the Financial Conduct Authority (Firm Reference Number 463689). Registered address: The XYZ Building, Hardman Street, Manchester M3 3AQ.

ARRANGING YOUR OWN INSURANCE

I/We do not wish to take advantage of household insurance provided by Uinsure and I/we wish to arrange my/our own insurance cover.

I/We understand and agree to:

1. Accept sole responsibility for the choice of insurer, the sum insured, the extent of cover and the financial consequences of any terms, conditions or excesses imposed
2. Ensure the sum insured is not less than the rebuilding figure which will be detailed in the Offer of Advance once the mortgage has been approved
3. Ensure that the cover provided by the policy includes financial protection against loss or damage to the property for all major insurable perils, including but not restricted to: Fire, Flood, Storm, Theft, Escape of Water, Malicious Damage, Subsidence, Landslip and Heave and Legal Liability
4. The interest of The Mansfield Building Society is noted on the policy
5. Undertake to pay all premiums as they fall due to maintain the policy cover for the life of the mortgage
6. The society accepts no responsibility for any loss suffered by me/us in connection with the insurance of the property, however caused

APPLICANT 1

Signed: Print name in BLOCK CAPITALS Date:

APPLICANT 2

Signed: Print name in BLOCK CAPITALS Date:

14 PROTECTION INSURANCE

Protecting yourself and your family against death and and/or critical illness is important. The Mansfield Building Society is an introducer to Stonebridge Protect Limited, a specialist provider of life, critical illness and income protection products. Stonebridge Protect Limited are able to advise from a range of providers on different types of cover to protect you and your family, and provide a range of options to fit within your budget.

Stonebridge Protect Limited is an appointed representative of Stonebridge Mortgage Solutions LTD which is authorised and regulated by the Financial Conduct Authority.

Please tick the box if you consent to your name, address, date of birth, email address and telephone number being provided to Stonebridge Protect Limited for the purpose of them contacting you to discuss your protection needs and requirements

APPLICANT 1

Signed: Print name in BLOCK CAPITALS Date:

APPLICANT 2

Signed: Print name in BLOCK CAPITALS Date:

