



BRIDGING LOANS APPLICATION

CALL 01244 674 411 FAX 01244 674 477 FSA 306 725

PLEASE COMPLETE BOTH PAGES AND ALL SECTIONS IN BLOCK CAPITALS

Introducer Company Phone Email

Loan required £	Purpose of loan	Payment period (months)	Date loan required by
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PERSONAL DETAILS

PLEASE ENSURE NAME & ADDRESS ARE CORRECT TO AVOID DELAY

	Full name	Company name	Marital Status	Nationality	Date of Birth
First Applicant					/ /
Second Applicant					/ /
Full address (inc postcode)					Time at address (yrs)
Previous address(es) <i>If less than 3 years at current</i>					Time at address (yrs)
First Applicant	Occupation	Income	E-mail		
	Phone	Mobile	Work		
Second Applicant	Occupation	Income	E-mail		
	Phone	Mobile	Work		

SECURITY DETAILS

Security Address		
Description of property	Purchase Price £	Present Value of Property £
Existing mortgages £	Lender	If let, rental income £

ADDITIONAL SECURITY DETAILS

Additional Security Address		1 st Charge / 2 nd Charge
Description of property	Purchase Price £	Present Value of Property £
Existing mortgages £	Lender	If let, rental income £

METHOD OF REPAYMENT

WE NEED TO KNOW HOW THE BRIDGING LOAN IS TO BE REPAYED

How is loan to be repaid?	Evidence of repayment enclosed?
Potential lender for remortgage	

ADDITIONAL INFORMATION

SOLICITORS DETAILS

Name	Phone number
Company	Fax number
Address	
Email address	

REGULATED LOANS

Does the applicant or a related person intend to dwell at part of the property being offered as security?	Yes / No	If you have answered yes to <u>both</u> questions, please complete the section below		
If yes, does this part exceed 40% of the total security area?	Yes / No			
Level of service provided	Advised	Status of firm	Appointed Rep	Broker fee £
	Non-Advised		Directly Authorised	When payable

DECLARATION



By signing this declaration, you are confirming that the information given in this application is accurate and that The Select Partnership, or any lender or other broker to whom we submit your application, may use and disclose your data.

I/We confirm that The Select Partnership and any lender or other broker to whom they submit this application is authorised by me/us to make such enquiries as it feels necessary in considering this application and I/We authorize the relevant third parties to divulge such information to them.

Signed _____ Signed _____

Date _____ Date _____