

Mortgage Fact Find Your Information

Private and Confidential

Client One:	
Client Two:	
Adviser:	
Date of Initial Meeting:	

Disclosure and Key Facts

Type of Document	Date Issued
Client Agreement for mortgages and Insurances	
Client Service Proposition and Engagement	Y / N
Customer Privacy Notice	Y / N

My advice is based on the information contained within this document. Unanswered questions or blank responses will be excluded from any advice given. If any details are incorrect or omitted, please let me know as this may impact on the suitability of the advice.

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Registered at above address, registered in England and Wales. Company Reg No: 5058156

Belle Financial Services Ltd of 1 Church Lane, Eston, Middlesbrough, TS6 9DU, is directly authorised and regulated by the Financial Conduct Authority, FCA number 959222

Advice Areas

Date of first interview	
Type of Interview	
Anybody else present at the interview? Vulnerable client?	
If vulnerable, please provide details:	
Protection	
General Insurance	
Mortgage	

ID Verification

Client	Client One	Client Two
Original Driving Licence Seen		
Driving Licence Ref		
Driving Licence Expiry Date		
Original Passport Seen		
Country of Origin		
Passport ref		
Passport Expiry Date		
Electricity Bill Ref		
Inland Revenue Tax Notification		
Home Visit		
Premises Entered		
Bank Statement Seen		
Mortgage Statement Seen		
Council Tax Bill Seen		
Utilities Bill Seen		
Firearm/Shotgun Certificate Ref		
Firearm/Shotgun Certificate Expiry Date		

Electronic ID Verification

<i>If above not available</i>	Client One	Client Two
ID Check Completed Date		

Personal Details

Client	Client One	Client Two
Title		
First Name		
Middle Name		
Surname		
Maiden/Previous Name		
Date of Birth		
Age		
Gender		
Marital Status		
Nationality		
National Insurance No.		
Country of Residence		
Expatriate?		
Place of Birth		
Has the client been advised to make/update a will?	Y / N	Y / N
Power of Attorney Granted? -attorney name if applicable	Y / N	Y / N
Are you a smoker?	Y / N	Y / N
Have you smoked in the last 12 months?	Y / N	Y / N
Are you currently in good health? If No, please provide details	Y / N	Y / N
Any medical conditions (including date diagnosed)?	Y / N	Y / N
Notes		

Family and Dependants

Full Name	Date of Birth	Related To	Financially Dependant?	Period	Dependant Living with Client(s)

Contact Address

Addressee	Client One	Client Two
Address Line 1		
Address Line 2		
Address Line 3		
Address Line 4		
City / Town		
Country		
Postcode		
Address Type		
Residency Status		
Date From		
Date To		
Default		
Address Status		
Registered on Electoral Roll		
Time at Address (Months)		

Contact Details

Name	Contact Type	Value	Preferred Contact

Professional Contacts

Contact Type	Solicitor	Estate Agent	
Contact Name			
Company Name			
Address Line 1			
Address Line 2			
Address Line 3			
Address Line 4			
City Town			
Post Code			
Telephone Number			
Mobile Number			
Email Address			
Permission to Contact?			
Contact providing source of funds?			

Bank Account Details

	Client One	Client Two	Joint
Bank Name			
Account Holder(s)			
Address Line 1			
Address Line 2			
Address Line 3			
Address Line 4			
City Town			
County/state/province			
Country			
Post Code			
Account Number			
Sort Code			
Default			

Current Employment Details

Client	Client One	Client Two
Total annual self-employed Net Profit, Net Dividend, Salary/employed gross basic, guaranteed, and regular overtime and bonus incomes		
Highest rate of income tax paid (%)		
Client	Client One	Client Two
Employment Status		
Occupation		
Employer		
Business Type		
Address Line 1		
Address Line 2		
Address Line 3		
Address Line 4		
City / Town		
County/state/province		
Country		
Post Code		
Intended Retirement Age		
Start Date		
End Date		
Most Recent Annual Accounts Net Profit		
Most Recent Annual Accounts Net Dividend		
Most Recent Annual Accounts Salary		
Most Recent Annual Accounts Year End		
Year 2 Annual Accounts Net Profit		
Year 2 Annual Accounts Net Dividend		
Year 2 Annual Accounts Salary		
Year 2 Year End		
Year 3 Annual Accounts Net Profit		
Year 3 Annual Accounts Net Dividend		
Year 3 Annual Accounts Salary		

Year 3 Year End		
Gross Basic Annual Income		
Net Basic Monthly Income		
Do you receive Overtime Income?		
Gross Guaranteed Annual Overtime		
Net Guaranteed Monthly Overtime		
Gross Regular Annual Overtime		
Net Regular Monthly Overtime		
Do you receive Bonus Income?		
Gross Guaranteed Annual Bonus		
Net Guaranteed Annual Bonus		
Gross Regular Annual Bonus		
Net Regular Annual Bonus		
Other Gross Income		
Total Gross Annual Earnings		
Continuous Employment (Months)		
In Probation		
Probation Period (Months)		

Previous Employment

Client	Employer	Start Date	End Date	Annual Salary

Employment Notes

Income

Client				Client One		Client Two		
Total annual self-employed Net Profit, Net Dividend, Salary/employed gross basic, guaranteed, and regular overtime and bonus incomes								
Total Gross Annual Earnings or Net Relevant Earnings								
Client	Category	Description	Frequency	Gross Amount	Net Amount	Start Date	End Date	Occupation

Income Changes

Do you expect any changes in your income in the foreseeable future?					
Client	Date	Income rise or fall?	By how much?	Frequency	Description

Notes

Expenditure

Do you wish to carry out a detailed expenditure analysis? If 'no' then please enter a value into the Total Monthly Expenditure field				
Total Net Monthly Expenditure				
Category	Client	Description	Net Amount	Frequency
Basic Essential Expenditure				
Rent				
Council Tax				
Water				
Telephone				
Food & Personal Care				
Car/Travelling Expenses				
Housekeeping				
Building Insurance				
Combined Utilities				
Other (Basic Essential)				
Basic Quality of Living				
Clothing				
TV/Satellite/Internet/Basic Recreation				
School Fee/Childcare				
Other (Basic Quality of Living)				
Non-Essential Outgoings				
Gym				
Holidays				
Entertainment				
Life/General Assurance Premium				
Other (Non-Essential)				
Liability Expenditure				
Mortgage				
Other (Liability)				

Expenditure Details

Calculated Total Monthly Household Expenditure				
Calculated Client 1 Monthly Household Expenditure				
Calculated Client 2 Monthly Household Expenditure				
Calculated Joint Monthly Household Expenditure				
Do you expect any changes in your expenditure in the foreseeable future?				
Date	Expenditure rise or fall?	By how much?	Frequency	Description
Date	Expenditure rise or fall?	By how much?	Frequency	Description

Current Monthly Cash Flow

Total Net Monthly Income	
Total Monthly Expenditure	
Total Monthly Disposable Income	

Modelling Monthly Affordability

Do you wish to incorporate expected income changes?	
Do you wish to incorporate expected expenditure changes?	
Do you wish to forgo non-essential expenditure for this solution?	
Do you wish to exclude existing liability expenditure which is to be consolidated?	
Do you wish to exclude existing liability expenditure which is to be repaid?	
Do you wish to re-broke your existing protection?	
Revised Monthly Income Available	
Revised Monthly Expenditure	
Consolidated Expenditure Payments	
To be Repaid Expenditure Payments	
Current Protection Premiums	
Revised Total Disposable Monthly Income Available	
Agreed Monthly Budget	

Emergency Funds

Amount put aside for Emergency Fund	
Amount of Emergency Fund Required	
Emergency Fund Shortfall	

Lump Sum Affordability

Total Lump Sum available for this Advice Session (including any emergency funds)	
Total Funds Available	
Agreed single amount for investment	
Source of Investment Funds	
Are these funds available without penalty?	
Additional Notes	

Budget Notes

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Assets (client does not wish to disclose Y/N)

Client/s	Description	Client 1 %	Client 2 %	Current Value

Liabilities

It is desirable that a greater priority be given to the repayment / reduction of the levels of your debt prior to making an investment or committing to a regular premium.

Do you have any liabilities?	Y / N	Y / N
Do you wish to consider repayment or reduction of any liabilities? (provide details in notes section)	Y / N	Y / N
Why do you not want to consider this?		
Notes		
Client does not wish to disclose		
Client	Client One	Client Two
Liability Account Number		
Liability Category		
Description		
Original Loan Amount		
Repayment or Interest Only?		
Rate Type		
Amount Outstanding		

Credit Limit		
Interest Rate (%)		
Payment Amount (Monthly)		
Lender		
Loan Term (years)		
End Date		
Protected		
Early Redemption Charge		
Consolidate		
Whether liability is to be repaid?		
How will liability be repaid		
Is Guarantor Mortgage		

Asset & Liability Notes

Credit History

Have you ever been refused a mortgage?	Y / N	Y / N
Have you ever been refused credit?	Y / N	Y / N
Do you have an adverse credit history?	Y / N	Y / N
	Client One	Client Two
Type		
Date Registered/ Discharged/ Repossessed		
Date Registered		
Date Discharged		

Date Repossessed		
Liability		
Lender		
Amount Registered/ Outstanding		
Amount Registered		
Amount Outstanding		
Number of Consecutive Payments Missed		
Number of Payments in Arrears		
Date Satisfied/Cleared		
Arrears Cleared Upon Completion		
Debt Outstanding?		
IVA Current		
Years Maintained		

Mortgage Section

Existing Mortgage Details

Do you have an existing mortgage?			
Owner			
Lender			
Product Name			
Policy Number			
Currency			
Address Line 1			
Rate Type			
Rate period from completion(months)			
Mortgage Type			
Are you a First Time Buyer?			
Property Type			
Repayment Method			
Details			
Capital Repayment Amount			
Capital Repayment Term			
Interest Only Amount			
Interest Only Term			
Interest Only Repayment Vehicle			
Value of Property			
Monthly Repayment Amount			
Original Loan Amount			
Lender Fees			
Interest Rate (%)			
Base Rate			
Loading (%)			
Feature Expires			
Original Mortgage Term			
Start Date			

End Date			
Remaining Term			
Current Balance			
Account Number			
Is Guarantor Mortgage?			
Is the loan subject to Redemption Penalty?			
Redemption Terms			
Redemption End Date			
Does the Redemption Penalty have an overhang?			
Are you prepared to pay the Redemption?			
Is the mortgage Portable?			
Consent to Let?			
“Consent to Let” Expiry Date			
Discharge on completion			
Linked to Asset			
Income Status			
Applicable to Mortgage Transaction?			
Is any Mortgage Equity to be used to consolidate debts?			

Existing Equity Release Details

Do you have an existing Equity Release Mortgage?			
Owner			
Lender			
Equity Release Type			
Percentage Ownership Sold (%)			
Product Name			
Policy Number			
Currency			
Address Line 1			
Rate Type			
Start Date			
Repayment Method			
Details			
Capital Repayment Amount			
Interest Only Amount			
Total Loan Amount			
Value of Property			
Interest Rate (%)			
Lump Sum			
Monthly Income			
Linked to Asset			
Interest Rate (APR)			
Amount Released			
Current Balance			
Is the loan subject to Redemption Penalty?			
Redemption Terms			
Redemption End Date			
Applicable to Mortgage Transaction?			

Property Details

Addressee			
Property Type			
Additional Property Detail			
Tenure Type			
Leasehold End Date			
Property Status			
Construction			
Other			
Roof Construction			
Number of Bedrooms			
Year Built			
Is property covered by NHBC Certificate (Y/N)			
Is property covered by any Other Certificates (Y/N and details)			
Builder's name			
Ex-Local Authority			
No. of Outbuildings			
Address Line 1			
Address Line 2			
Address Line 3			
City/Town			
County			
Post Code			
Address Type			
Residency Status			
Date From			
Date To			
Default			
Address Status			
Registered on Electoral Roll			

Mortgage Requirements

Client/Joint			
Unique Identifier			
Is Equity Release?			
Equity Release Type			
Percentage Ownership Sold (%)			
Mortgage Type			
Are you a First Time Buyer?			
Property			
Plan Purpose			
Repayment Method			
Details			
Capital Repayment Amount			
Capital Repayment Term			
Interest Only Amount			
Lump Sum			
Monthly Income			
Interest Only Term			
Interest Only Repayment Vehicle			
Price/Valuation			
Deposit/Equity			
Loan			
LTV (%)			
Term			
Source of Deposit			
Guarantor Mortgage			
Guarantor Details			
Has any debt been consolidated previously?			

Mortgage Preferences & Attitude to Risk

Do you want the certainty of the mortgage being repaid at the end of the term?	
Are you comfortable if all or part of the mortgage is repaid from the proceeds of an investment vehicle such as an endowment policy, ISA or pension?	
Might you redeem part or all your mortgage in the foreseeable future?	
Are you likely to move in the next five years?	
Expected Move Date	

Which of the following are important to you?

Avoid uncertainty of interest rate changes	
Minimise mortgage payments in the first few years	
The maximum early redemption period I would accept is	
Ability to vary monthly payments or pay lump sums off mortgage without penalty	
To link your mortgage to a savings or current account	
Ability to add fees to the loan	
Do you give your express consent for mortgage fees to be added to the loan?	
Free legal fees	
No valuation fees	
No arrangement or booking fees	
Access to initial sums ('cash back')	
Are you concerned about the possibility of future interest rate changes?	
No early redemption charge	
No early redemption overhang	
Limited or no Higher Lending Charge?	
To have Interest rate calculated daily	
Have you any other requirements or comments you would like to make	

Mortgage Notes

Checklist

	Question	
General		
1	Key messages about the service being offered have been disclosed and discussed with the client	<input type="checkbox"/>
2	The different types of products and interest rate arrangements that might meet your customer's future needs (including what your customer's future repayments will be after a concessionary scheme)	<input type="checkbox"/>
3	The main repayment methods available	<input type="checkbox"/>
4	For mortgages based in part or in full on an interest only basis:	
a)	The various methods available for repayment of the loan	<input type="checkbox"/>
b)	The consequences of failing to make suitable arrangements for the repayment of the mortgage	<input type="checkbox"/>
c)	Confirm that it is the customer's responsibility to ensure that a repayment vehicle is maintained for the duration of the mortgage	<input type="checkbox"/>
d)	Client is aware that they will have to demonstrate to the Lender that a clearly understood and credible repayment strategy is in place	<input type="checkbox"/>
5	The consequences should they repay the mortgage early	<input type="checkbox"/>
6	Related insurances	<input type="checkbox"/>
7	The customer's responsibility to ensure that all necessary forms of insurance relating to the property and mortgage are in place	<input type="checkbox"/>
8	Explain that certain insurances may be a condition of the mortgage	<input type="checkbox"/>
9	All costs and fees associated with the mortgage	<input type="checkbox"/>
10	Whether or not the terms and conditions of the mortgage product are portable in the event of moving to a new house	<input type="checkbox"/>
11	Explain when the customer's account details may be passed to a credit reference agency	<input type="checkbox"/>
12	Explain what a higher lending charge is	<input type="checkbox"/>
13	The possible consequences for the customer's mortgage should their personal circumstances change (e.g. accident, sickness, redundancy) and the options open to them (e.g. Mortgage Payment Protection)	<input type="checkbox"/>
14	Joint applications - concept of joint and several liability	<input type="checkbox"/>
15	The implications of adding fees and costs to the loan / or of debt consolidation	<input type="checkbox"/>

Protection

Protection for your mortgage, debts, and standard of living in the event of death or critical illness

Would your mortgage(s) and debt(s) be cleared if you were to die or suffer from a critical illness?	
Would you and your dependants be able to maintain your standard of living if you were to contract a critical illness?	
Would your dependants be able to maintain their standard of living in the event of your death?	
Would you want the certainty of knowing that the cost of protection would not change?	
What would be the impact on you?	
What would be the impact on your dependants?	
How do you want to address this?	
If not reviewing now, what is the reason?	

Protection for your payments and lifestyle in the event of accident, illness, or unemployment

In the event of you being unable to work due to accident or illness, would you and your dependants be able to maintain your standard of living?	
In the event of you being unable to work due to unemployment, would you and your dependants be able to maintain your standard of living?	
What would be the impact on you?	
What would be the impact on your dependants?	
How do you want to address this?	
If not reviewing now, what is the reason?	

Protection for buildings and contents

Do you have any existing building insurance?	
Do you have any existing contents insurance?	
Do you have any Buy to Let properties?	
Do you have sufficient buildings and/or contents insurance?	
Do you have sufficient and appropriate protection to cover your buildings and contents in the event of loss or damage?	
How do you want to address this?	
When do you want to review this protection need?	
If not reviewing now, what is the reason?	

Existing Protection Provision

Do you have any existing Protection policies (including death-in-service benefits)?		
Client does not wish to disclose		
	Client 1	Client 2
Provider		
Policy Number		
Type of Contract		
Plan Purpose		
Product Name		
Start Date		
Expiry Date		
Premium		
Premium Frequency		
Sum Assured		
Benefit		
Benefit Frequency		
Split Benefit Payable		
Split Benefit Frequency		
Life Cover Sum Assured		
Critical Illness Sum Assured		
Life Assured		
Payment Basis		
Benefit Period (if applicable)		
Specify		
Deferred Period (if applicable)		
Deferred Period Interval		
Split Deferred Period		
Split Deferred Period Interval		
Assigned / In Trust		
Status		
GMP Amount (p.a.)		

Life Protection

	Client One	Client Two
Income Replacement		
Outstanding Mortgage Amount		
Other Liabilities		
Target Cover Required		
Existing Amount of Life Cover		
Life Protection Shortfall		

Mortgage Payment Protection

	Client One	Client Two
Mortgage Repayments		
Payment Protection Cover		
Payment Shortfall		

Income Protection

	Client One	Client Two
Net Income		
Existing Income Protection		
Income Shortfall		

Illness Protection

	Client One	Client Two
Income Replacement		
Outstanding Mortgage Amount		
Other Liabilities		
Target Cover Required		
Existing Amount of Illness Cover		
Illness Protection Shortfall		

Existing Protection for Buildings and Contents

Client	Client One	Client Two
Insurance Type		
Plan Type		
Product Name		
Provider		
Currency		
Premium		
Premium Frequency		
Start Date		
Renewal Date		
Buildings Sum Insured		
Buildings Accidental Damage		
Buildings Excess		
Contents Sum Insured		
Contents Accidental Damage		
Contents Excess		
Premium Loading		
Exclusions		

Protection Notes

Declaration

Date Fact Find Completed	
Date ID/AML Checked	
Date Declaration Signed	

Additional Notes

Client One	
Client Two	

Our Acknowledgements

I/We the undersigned confirm that the information provided in this review is correct and is given on the understanding that it does not place me/us under any obligation to buy or take up any recommendation which may be made and that a copy of this form is available on request. I/We the undersigned confirm my/our financial planning objectives are those identified and prioritised in this document.

Signed Date

Signed Date

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