

COMMERCIAL REMORTGAGE FACT FINDER

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Intermediary

Contact Name

FSA: Are you A directly authorised firm or individual
 An appointed representative
 An authorised network
 Non-authorised

If Network

Network name

FSA Number (If applicable/available)

Telephone

Fax

Email

Mobile

CMS to contact client directly? Yes
 No

Commercial Mortgage Solutions
Tel: 01425 652006 **Email:** adrianc@cms-comm.co.uk **Fax:** 0700 349 6205
The Studio, 18 Manor Farm Road,
Fordingbridge, Hampshire SP6 1DY

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AUTHORITY

Please confirm that the applicant has given authority for the intermediary to supply the information requested below to (CMS or Branded AP)I and the release of this information to any other third party connected with this introduction or placement of the transaction.

- Yes
- No

- Verbally
- In writing

We may need to undertake a credit search, record information, disclose information as necessary to negotiate terms with a funding source and disclose information if required to do so by law, please confirm that the applicant has given authority for us to do so.

- Yes
- No

- Verbally
- In writing

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SECURITY DETAILS

Address of Security

Address:

Town:

Postcode:

Tenure of Security

Freehold

Feuhold

Leasehold

Years remaining on lease (if applicable) years

Brief description of the property:

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LIMITED COMPANY

Company name

Business Address
Address:
Town:
Postcode:

Correspondence Address
 As above

Address:
Town:
Postcode:

Person dealing

Telephone number

Mobile number

Date of incorporation

Company Registration number

How long trading

Nature of Business

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LIMITED COMPANY – DIRECTORS DETAILS

Director 1	Director 2
Title	Title
Forename	Forename
Surname	Surname
Date of Birth	Date of Birth
Address	Address
Town	Town
Postcode	Postcode
Do you have a Residential Mortgage Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a Residential Mortgage Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, any arrears in last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, any arrears in last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how many missed payments <input type="text"/>	If Yes, how many missed payments <input type="text"/>

Director 3	Director 4
Title	Title
Forename	Forename
Surname	Surname
Date of Birth	Date of Birth
Address	Address
Town	Town
Postcode	Postcode
Do you have a Residential Mortgage Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a Residential Mortgage Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, any arrears in last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, any arrears in last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how many missed payments <input type="text"/>	If Yes, how many missed payments <input type="text"/>

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SOLE TRADER

Applicant's full name

Date of birth

Trading name

Type of business

Business Address
Address:
Town:
Postcode:

Correspondence Address
 As above
Address:
Town:
Postcode:

Residential Address
Address:
Town:
Postcode:

Do you have a residential mortgage Yes No

If YES any arrears in the past 12 months Yes No

If YES how many missed payments

Telephone number

Mobile number

How long trading

Nature of Business

Does the Applicant or related person (spouse, common law partner, parent, sibling, child, grandchild, and grandparent) dwell or intend to dwell at part of the property offered as security?

Yes No

If yes, does this part exceed 40% of the total security area?

Yes No

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PARTNERSHIP

Partnership name

Trading name
(If different)

Business Address
Address:
Town:
Postcode:

Correspondence Address

As above

Address:
Town:
Postcode:

Person dealing

Telephone number

Mobile number

How long trading

Nature of the business

Does the Applicant or related person (spouse, common law partner, parent, sibling, child, grandchild, and grandparent) dwell or intend to dwell at part of the property offered as security?

Yes No

If yes, does this part exceed 40% of the total security area?

Yes No

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PARTNERSHIP – PARTNER DETAILS

Partner 1	Partner 2
Title	Title
Forename	Forename
Surname	Surname
Date of Birth	Date of Birth
Address	Address
Town	Town
Postcode	Postcode
Do you have a Residential Mortgage Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a Residential Mortgage Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, any arrears in last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, any arrears in last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how many missed payments <input type="text"/>	If Yes, how many missed payments <input type="text"/>

Partner 3	Partner 4
Title	Title
Forename	Forename
Surname	Surname
Date of Birth	Date of Birth
Address	Address
Town	Town
Postcode	Postcode
Do you have a Residential Mortgage Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a Residential Mortgage Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, any arrears in last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, any arrears in last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>
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FINANCIAL

Income Evidence

Self declaration
Gross income PA £

1 years audited accounts
Net Profit £

Annual Rental Income £

Employed Income £

Other

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CREDIT HISTORY

Any existing CCJs

- Yes
 No

If yes, number of unsatisfied CCJs in the past 2 years

Value £

Any arrears in the last 12 months
on existing business loan?

- Yes months
 No

If yes, highest arrears in the past 12 months (remortgages only)

Value £
Months

Previous Bankruptcy

- Yes
 No

If yes, when was it discharged?

Have you ever entered a voluntary arrangement (IVA, CVA)?

- Yes
 No

Individual Voluntary Arrangement

- None
 Completed over 2 years
 Completed over 1 year
 Current & satisfactory

Company Voluntary Arrangement

- None
 Completed over 2 years
 Completed over 1 year
 Current & satisfactory

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FURTHER INFORMATION

DATE: ____/____/____

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