

# COMMERCIAL PURCHASE 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](mailto: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 – DIRECTOR 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"/>
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## SOLE TRADER

Applicant's full name	<input type="text"/>
Date of birth	<input type="text"/>
Trading name	<input type="text"/>
Type of business	<input type="text"/>
Business Address	<input type="text"/> Address:  Town: Postcode:
Correspondence Address	<input type="checkbox"/> As above <input type="text"/> Address:  Town: Postcode:
Residential Address	<input type="text"/> Address:  Town: Postcode:
Do you have a residential mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES any arrears in the past 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES how many missed payments	<input type="text"/>
Telephone number	<input type="text"/>
Mobile number	<input type="text"/>
How long trading	<input type="text"/>
Nature of Business	<input type="text"/>

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 – PARTNERS 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
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If Yes, how many missed payments <input type="text"/>	If Yes, how many missed payments <input type="text"/>
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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

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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