



LIDDLE PERRETT

CONFIDENTIAL CLIENT INFORMATION

Data Protection

Liddle Perrett Ltd will process all information in accordance with the Data Protection Act 1998 and it will be treated as private and confidential now and in the future. The only exceptions to this will be when the law requires us to disclose information or, with your consent, where disclosure is necessary when arranging or servicing your mortgage or protection contracts. To fulfill our regulatory obligations, we will retain copies of your records for no longer than is necessary or for the duration of the contract. You have the right to inspect these records at any time.

I have read understood and agree to the above Data Protection Declaration

Our Future Relationship

Our business relationship with you is important and we would like to be able to contact you by telephone, post or email from time to time to review your mortgage, associated protection products and other services that may be of interest to you.

I agree to further contact as described above

Date completed:

Completed by:

Signed:

Personal Details

Client 1

Title:

Forename:

Surname:

Date of Birth:

Smoker:

Marital Status:

Current Address:

Address since:

Address status:

Previous Address:
**if total less than 3 years enter previous address, including postcode*

Address since:

Address status:

Previous Address:
**if total less than 3 years enter previous address, including postcode*

Address since:

Address status:

Electoral Role:

Daytime landline number:

Evening landline number:

Mobile Number:

Email:

UK national:

If not UK citizen, which passport do you hold:

Client 2

Title:

Forename:

Surname:

Date of Birth:

Smoker:

Marital Status:

Current Address:

Address since:

Address status:

Previous Address:
**if total less than 3 years enter previous address, including postcode*

Address since:

Address status:

Previous Address:
**if total less than 3 years enter previous address, including postcode*

Address since:

Address status:

Electoral Role:

Daytime landline number:

Evening landline number:

Mobile Number:

Email:

UK national:

If not UK citizen, which passport do you hold:

Income Details

Client 1

Client 2

Basic Salary:

Guaranteed overtime
or bonus:

Non guaranteed overtime
or bonus:

Profit share / dividend /
other:

Tax credits or benefits:

Total gross income:

Can you prove your income?

Total net monthly income:

Employment Details

Employment status:

Basis of employment:

Employer's Address:

Occupation:

Start date:

NI number:

Probation period (if so, how
long left?)

If self employed, number of
years accounts available:

If not employed or house
person, do you have
any income you wish to
capture?

**If you have been in your current employment for less than a year please provide
Details to cover the last three years in the additional information section*

Credit History

Client 1

Client 2

Have you ever failed to keep up regular payments on your mortgage, other loans, HP agreements, credit cards etc ?

Have you ever had a default or CCJ registered against you ?

Have you ever been bankrupt or subject to an IVA ?

Have you ever had a mortgage or loan application refused ? Have you made any applications through another broker or lender recently ?

*If you have answered yes to any of the above questions please provide full details in the additional information section

Debt Details (please also include credit cards where there is a nil balance)

Type & Lender (credit card/loan / interest free credit / HP / student	Client 1 / 2 or joint	Amount outstanding	Monthly Payment	Early Repayment Charge	Date of Final Payment	To be repaid
---	-----------------------	--------------------	-----------------	------------------------	-----------------------	--------------

Household Expenditure

Client 1

Client 2

Current mortgage or rent

Interest only
repayment strategy

Private medical cover or
ASU

Hire purchase or rental
agreement

Other loans

Credit / store cards

Maintenance

Fuel

Road Tax

Car insurance policies

Servicing

Parking

Fares (travel card /
season ticket)

Council Tax

Gas

Electricity

Water

Landline & broadband

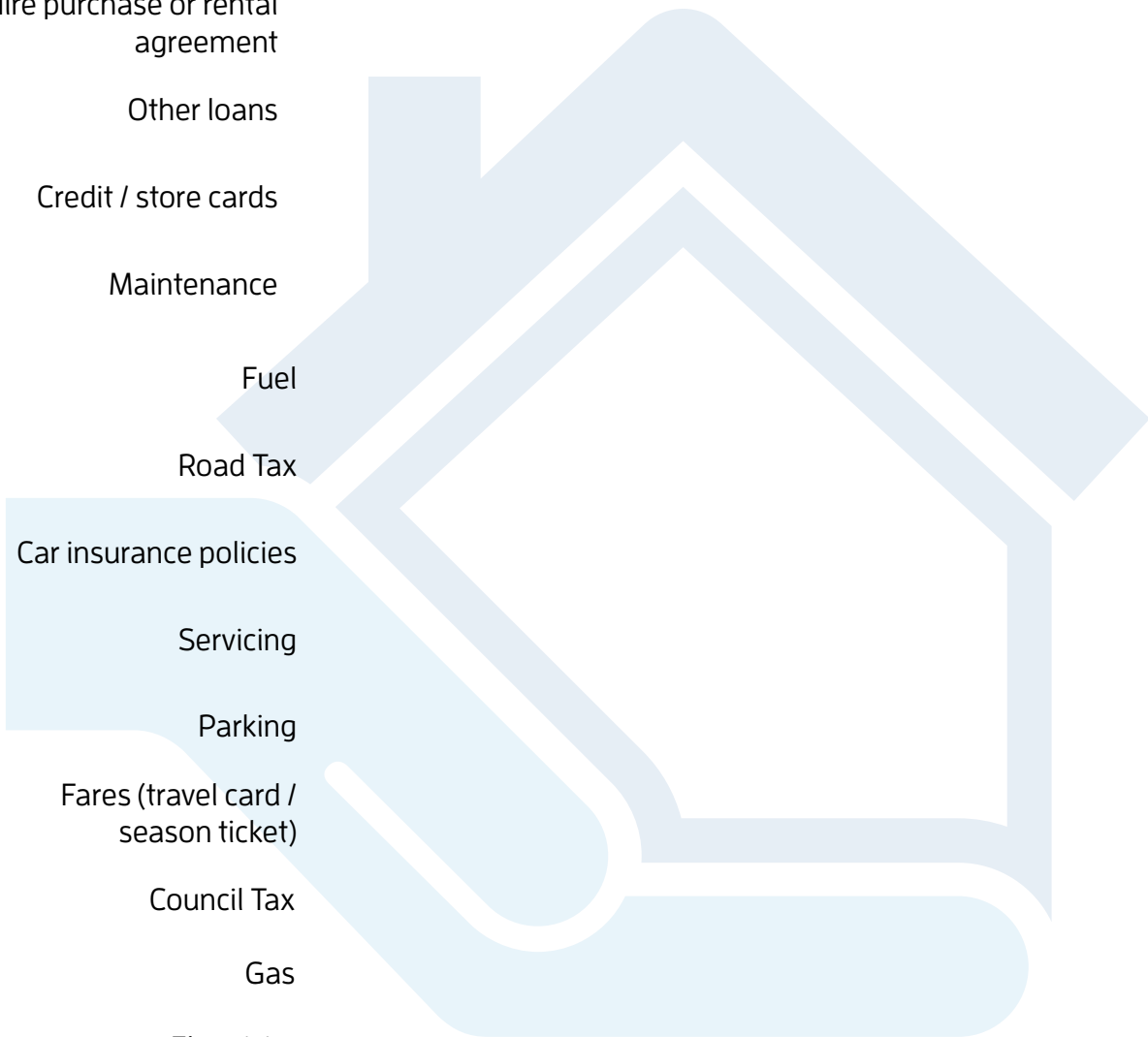
Subscription TV

TV Licence

Ground rent

Service charge

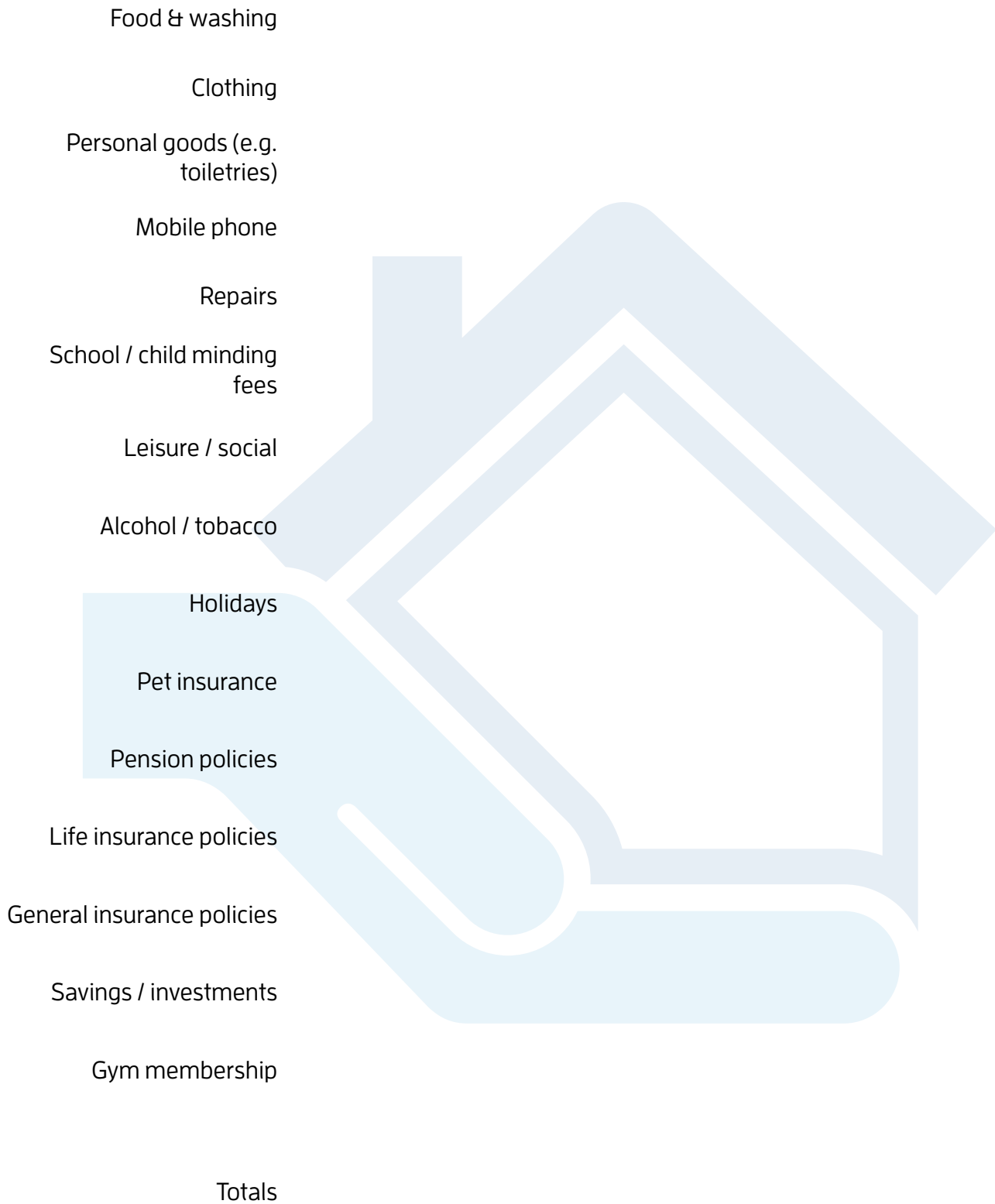
Other



Household Expenditure

Client 1

Client 2



*Any other monthly living costs, please write details in additional information section

Investment Properties (if more than one please provide a schedule)

If your existing properties are jointly owned, please ensure that you only enter the portfolio value and outstanding amount once.

Client 1

Client 2

Do you have any buy to let mortgages?

How many buy to let mortgages do you have?

Total portfolio value of buy to let portfolio

Total loan outstanding on portfolio

**Please write details of buy to let portfolio in the additional information section*

Your Current Home

Do you have any existing mortgage or secured loans against your main residential property?

Who owns this mortgage?

Client 1

Client 2

Current market value of property

Total outstanding mortgage amount

Mortgage type

Lender

Mortgage end date

Interest rate

Interest type

If other, what type is it?

Interest rate / product end date

Is there any early repayment charge?

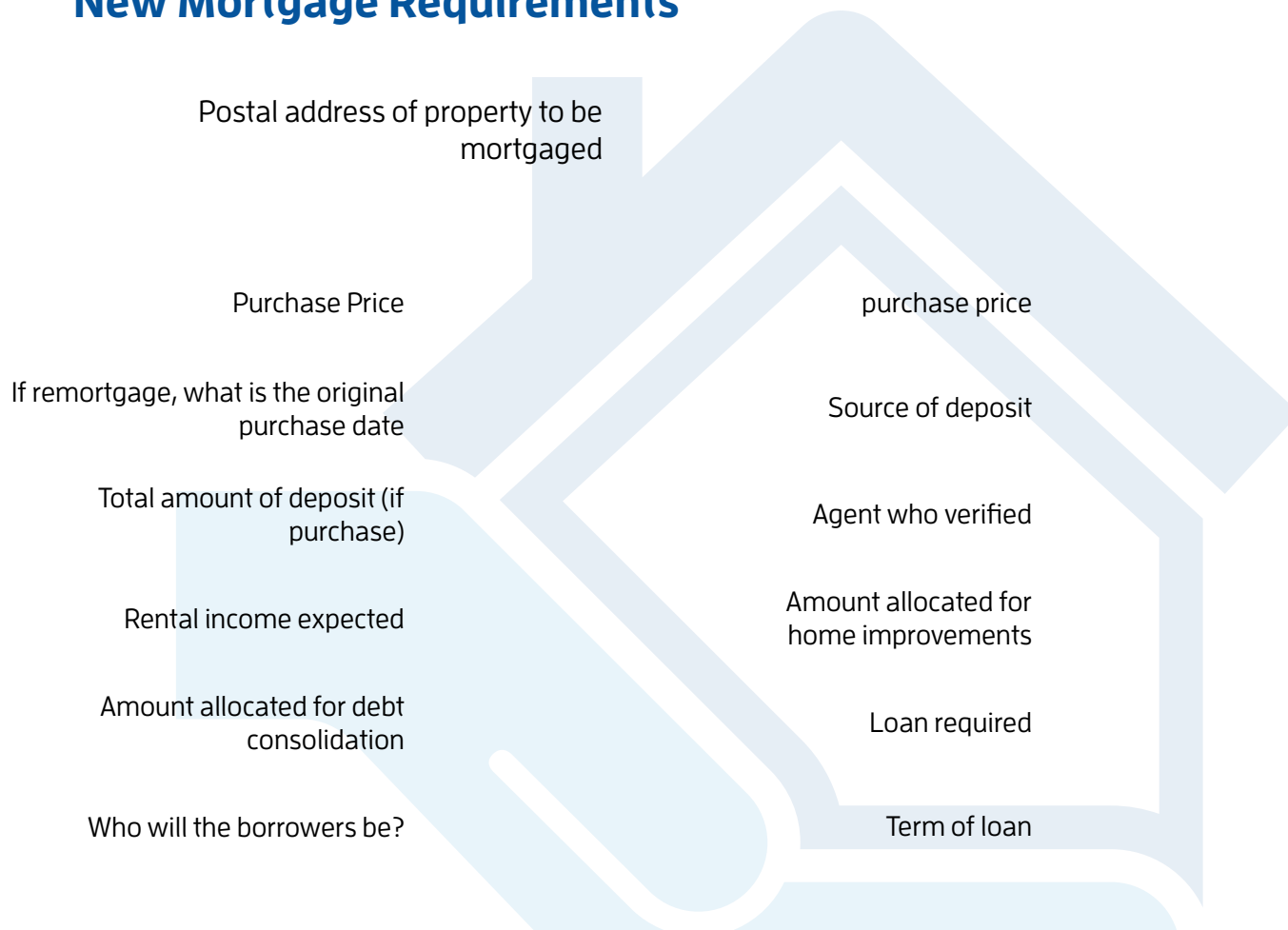
Amount of charge

End date for repayment charge

Your Current Home - secured loans

Outstanding Loan Amount	Lender	End date	Interest Rate	Type (Fixed Rate / Tracker / Capped / Discount / Other	End Rate for interest rate (if applicable)	Is there an early repayment charge	Total early repayment charge against property
-------------------------	--------	----------	---------------	--	--	------------------------------------	---

New Mortgage Requirements



Property type (tick all that apply)

- | | | | |
|---|--------------------|-----------------------|---------------------|
| Standard Property | Purpose built flat | Converted flat | Flat over shop |
| Maisonette | Flying freehold | Studio Flat | Flat over 4 storeys |
| Over or adjacent to commercial premises | Ex Local Authority | Lift access | Deck access |
| New Build | Shared ownership | Concrete construction | Detached |
| Terraced | Semi detached | | |
- Tenure Remaining term of lease (if leasehold)

Mortgage, Family & Personal Protection

Policy Owner	Life Assured	Premium	Provider	Policy Number	Sum Assured	In Trust?
--------------	--------------	---------	----------	---------------	-------------	-----------

Medical Details

Do you already have or have you previously applied for life or critical illness cover exceeding £100,000?

If yes, is this policy to be cancelled when new policy goes on risk?

Have you ever been turned down or been offered special terms by any company?

Have you ever made a waiver, income protection claim or critical illness claim?

Name and address of doctor:

Have you been registered there for more than 6 months?

Telephone number

Height

Weight

Waist measurement

Have you recently lost or gained weight? If so how much, over what period and reason?

Client 1

Client 2

Medical Details (continued)

Client 1

Client 2

Have you used any tobacco or nicotine products in the last year?

Have you ever smoked? If so when, and how many per week?

Number of cigarettes or cigars smoked per day?

Do you smoke a pipe?

Do you use nicotine replacement patches, gum, or electronic cigarettes?

How many units of alcohol do you drink per week?

Have you ever been advised reduce your drinking on medical grounds?

Have you ever taken non-prescription drugs?

Within the last 5 years have you been exposed to risk of HIV infection?

(HIV can be caught through unsafe sex, intravenous drug abuse, blood transfusions undertaken outside of the European Union or surgery taken outside the European Union)

Have you had or do you currently have any of the following?

Client 1

Client 2

Cancer, Leukaemia, Hodgkin's disease, Lymphoma, brain or spinal tumour

Heart disease (including heart attack, Angina, heart defects from birth or heart surgery)

Stroke, brain haemorrhage or brain injury

Multiple Sclerosis, Optic or Retrobulbar Neuritis, Parkinson's disease, paralysis, Epilepsy, Alzheimer's disease, Dementia or Cerebral Palsy

Any other disorder of the arteries (including disease in the legs or of the aorta)

Diabetes or sugar in the urine

Mental illness that has required treatment or referral to a psychiatrist

Recent Health

In the last 5 years have you had any of the following?

Client 1

Client 2

A mole or freckle that has bled, caused pain or changed in appearance or any lump or growth

Chest pain, irregular heartbeat, raised blood pressure or raised cholesterol

Asthma, bronchitis or any other respiratory disorder

Numbness, loss of feeling or tingling of the limbs or face, loss of balance or co-ordination

Seizures, fits, fainting or blackouts

Any disorder of the eyes or ears, including blurred or double vision, or impaired hearing (You can ignore sight problems corrected by glasses or contact lenses)

Arthritis, back pain, Sciatica, neck, knee or wrist pain or any other joint, bone or muscle disorder (including RSI)

Any disorder of the digestive system, liver, stomach, pancreas or bowel (including ulcers, Hepatitis, Colitis or Crohn's disease)

Any blood disorder

Any thyroid disorder

Any disorder of the kidney, bladder or genito-urinary system (including urinary tract infections and blood or protein in the urine)

Treatment or a positive test for any disease which was transmitted sexually

Depression, anxiety, stress, fatigue or nervous breakdown

*If you answered yes to any of the questions in the above sections, please enter details on the Additional information sheet.

Recent Health - Further Information

Client 1

Client 2

Name of condition

Date first occurred

Date last occurred

Symptoms

How often do symptoms occur?

Do you take any medication? If so please give details

How many days have you had off relating to the above condition?

When was your most recent time off work relating to above condition?

Are you receiving treatment for this condition?

Will you have to have any operation/ treatment in the future related to this condition? If so can you specify the dates this is to occur?



Other than consultations to do with the points on the previous page
have you had a medical consultation in the last 12 months
(e.g. doctor, consultant, psychiatrist, hospital, clinic, osteopath)

Have you ever had (or been advised to have) any medical
investigation, scan, test
or attended hospital in the last 5 years?

Are you awaiting any medical consultation, check up, investigation,
scans or tests

Have you been prescribed any drugs or been given any other
treatment in the last 12 months.

Have you ever tested positive for HIV, Hepatitis B or C or are you
awaiting the results of such a test

Note: If the result is negative, the fact of having an HIV test will not in itself have any effect on your application terms for insurance

Have you ever undergone any surgical procedure outside the
European Union or been a recipient of blood products from outside
of the European Union

Family Health

Have either of your natural parents, brothers or sisters suffered or died before the age of 65 from any of the following?

Heart disease

Stroke

Raised Cholesterol

Cancer - Breast

Cancer - Ovarian

Cancer – colo-rectal (e.g. cancer of the colon or rectum)

Cancer – Other (i.e. not breast, ovarian, or colo-rectal)

Diabetes

Multiple Sclerosis

Huntingtons disease

Polycystic kidney disease

Polyposis of the colon

Any other hereditary disorder

Family Health - Further Information

Disease	Family Member	Age Diagnosed
---------	---------------	---------------

Client 1 **Client 2**

Mum Dad Mum Dad

How old are your parents?

Age deceased (if appropriate)

Pastimes

Do you take part in any hazardous sports or pastimes, or do you intend to start? The following are examples, but you should include any activities that are hazardous if your involvement is, or will be, limited to one occasion, for example a race day, a flying lesson, a trip in a hot air balloon or a team building exercise, and have no intention of pursuing the activity further you need not disclose it.

Client 1 **Client 2**

Diving

Flying

Motor sports

Mountaineering/rock climbing

Other

Do you ride a motor bike?

What is the pastime?

Do you have any formal qualifications for this pastime?
(Please list below)

How old were you when you began participating in this pastime?

Occupational Details

Client 1

Client 2

Do you work at heights over 10 feet (3 meters)

If so, what is the highest & average height you work at and how often?

Working underground

Working underwater

Working offshore (e.g. oil, gas industry)

Working with explosives or firearms

Armed forces

Professional sports

Aviation (except as a fare paying passenger)

What percentage of time would you say you spend doing manual work?

By manual work we mean carrying or lifting, moving goods, working with tools or machinery, crawling or kneeling

What is the nature of the manual work you carry out?

What percentage of time would you say you spend driving?

Business miles travelled per year

Number of hours worked per week

Are you currently absent from work?

Have you had any time off in the last 2 years due to illness or injury? (Ignore minor ailments such as colds or flu if together they total less than 10 days per year)

Have you lived or worked outside of the UK for more than 3 months in the last 5 years, or do you intend to do so?

**If you answered yes to any of the questions in the above sections, please enter details on the Additional information sheet.*

Occupational Details (Continued)

Do you have a second job?

What is your second occupation?

What percentage of time would you say you spend doing manual work in your second job?

Business miles travelled per year in your second job?

Hours worked per week in your second job?

Exercise

How many times per week do you exercise?

Client 1

Client 2

What retirement planning/pension planning do you have in place

This can include, but is not limited to PPS / FSAVC / SIPP / SERPS / Company Scheme / Paid up schemes. Please write details below, including current monthly contributions

What savings & investments do you have in place

Term? Risk? Accessible? Income or Growth? Tax Efficient? What are your monthly contributions?

Is Estate Planning in place & up to date?

Do you have a will?

When was it last reviewed?

IHT Planning?

Lasting Power of Attorney?

Business Succession Planning

