

SIMPLY REDWOOD MORTGAGE & LIFE COVER ADVICE FORM												
	CLIENT 1						CLIENT 2					
NAME												
DATE OF BIRTH												
CURRENT ADDRESS State Number of years resident												
PREVIOUS ADDRESS If less than 3 years at current address												
RESIDENTIAL STATUS	Homeowner	<input type="checkbox"/>	Private Tenant	<input type="checkbox"/>	Homeowner	<input type="checkbox"/>	Private Tenant	<input type="checkbox"/>				
	Council	<input type="checkbox"/>	With Parents	<input type="checkbox"/>	Council	<input type="checkbox"/>	With Parents	<input type="checkbox"/>				
HOME PHONE NUMBER												
MOBILE NUMBER												
E-MAIL ADDRESS												
OCCUPATION												
SALARY (Annually/Monthly/Weekly)												
OVERTIME/BONUSES												
OTHER INCOME												
EMPLOYMENT STATUS	Employed	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>	Employed	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>				
CAN PROVIDE EVIDENCE OF EARNINGS												
LENGTH OF TIME IN CURRENT JOB												
CREDIT DETAILS												
OUTSTANDING LOANS/CREDIT CARDS (List Provider/amount/payment e.g. HSBC/4000/140)												
ADVERSE CREDIT/CCJ'S/DEFAULTS ETC (Give details e.g. CCJ/3000/1996 including date registered/satisfied)												
MORTGAGE DETAILS												
PROPERTY VALUE/PURCHASE PRICE												
PROPERTY TYPE (Detached etc)												
MORTGAGE REQUIRED												
EXISTING MORTGAGE LENDER												
EXISTING MORTGAGE AMOUNT												
DATE PENALTY PERIOD ENDS												
CURRENT RATE OF INTEREST & TYPE												
REASON FOR MORTGAGE	Purchase	<input type="checkbox"/>	Remortgage	<input type="checkbox"/>	Buy to Let	<input type="checkbox"/>	First Time Buyer	<input type="checkbox"/>				
PROPERTY LOCATION	England	<input type="checkbox"/>	Wales	<input type="checkbox"/>	Scotland	<input type="checkbox"/>						
LIFE COVER												
LIFE COVER REQUIRED	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Life 1	<input type="checkbox"/>	Life 2	<input type="checkbox"/>	Jointly	<input type="checkbox"/>	Smoker Life 1	Y / N
CRITICAL ILLNESS COVER REQUIRED	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Life 1	<input type="checkbox"/>	Life 2	<input type="checkbox"/>	Jointly	<input type="checkbox"/>	Smoker Life 2	Y / N
GENERAL INSURANCE												
BUILDINGS & CONTENTS REQUIRED												
ACCIDENT SICKNESS AND UNEMPLOYMENT COVER REQUIRED												

Please complete the above enquiry form in order that we may advise you. We will contact you either by phone text or e-mail should we need clarification on any information entered on the form. This is so we can be sure of providing the correct advice in accordance with your individual circumstances.