

COMMERCIAL MORTGAGES

NORTHERN IRELAND

AIP

Intermediary Use Only

*Intermediary:

*Contact Name:

FSA: are you

- A directly authorised firm or individual
- An appointed representative
- An authorised network
- Non-authorised

Network: (If applicable)

FSA Number (if applicable/available)

*Telephone

Fax

*Email

Mobile

*Commercial Mortgage Solutions (CMS) to contact client direct ? Yes No

Authority

*Please confirm that the applicant has given authority for the intermediary to supply the information requested below to Commercial Mortgage Solutions Limited 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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Applicant Details

*Is the Applicant

A limited Company -

Company Name:

Directors Names (if Ltd Company):

A Sole Trader -

Trading Name:

A Partnership -

Trading Name:

Is this a Limited Liability Partnership ?

Yes No

Names of Partners:

*Trade/Business Type

*Does the Applicant or related person (spouse, common law partner, parent, sibling, child, grandchild, 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

Applicant/Director/Partner 1

Mr Mrs Miss Ms

Date of Birth / /

First Name

Surname

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Applicant/Director/Partner 2

Mr Mrs Miss
Ms

Date of Birth / /

First Name

Surname

Applicant/Director/Partner 3

Mr Mrs Miss
Ms

Date of Birth / /

First Name

Surname

Applicant/Director/Partner 4

Mr Mrs Miss M

Date of Birth / /

First Name

Surname

Correspondence Address

Postcode

Email

Telephone

Home

Work

Mobile

Fax

Financial Information

Income Evidence:

*Please tick at least one of the boxes and provide corresponding details

1 years audited
accounts

If yes

Net profit (£)

Depreciation (£)

Finance Costs (£)

We will require sight of the audit accounts to verify the trading reconstituted profits.

Self declaration

Employed Income (£)

Credit Status:

*Any Existing CCJs

Yes

No

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

Value (£)

*Any arrears in the last
12 months

Yes

No

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

*Previous Bankruptcy

Yes

No

If Yes, when was it
discharged ?

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*IVA

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

*CVA

- None
- Completed over 2 yrs
- Completed over 1 yrs
- Current & satisfactory

Mortgage Required

*Commercial Mortgage Required (£)

*Term

Years

Or

Maximum Term Required

*Purpose of Loan

*Address of Property Offered as
Primary Security

*Postcode

*Brief Description of Property

*Tenure of Security -

- Freehold
 - Feuhold
 - Leasehold
-

*Years Remaining on Lease (if
applicable)

Where Property Already Owned -

Date Purchased dd/mm/yyyy

/ /

Please Complete FAX TO 0845 051 5101

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Purchase Price (£)

*Current Value (£)

*Amount of Outstanding Mortgage/Charge (£)

*Name of Lender

Where Property To Be Purchased -

*Purchase Price (£)

Does The Purchase Price Include

Fixtures & Fittings

Value(£)

Goodwill

Value(£)

Stock

Value(£)

*Current Value (£)

Investment Property

Lease Start Date dd/mm/yyyy

 / /

Term

Current Annual Rent £

Next rent review dd/mm/yyyy

 / /

Name(s) of tenant(s) if known

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[Further Information](#)