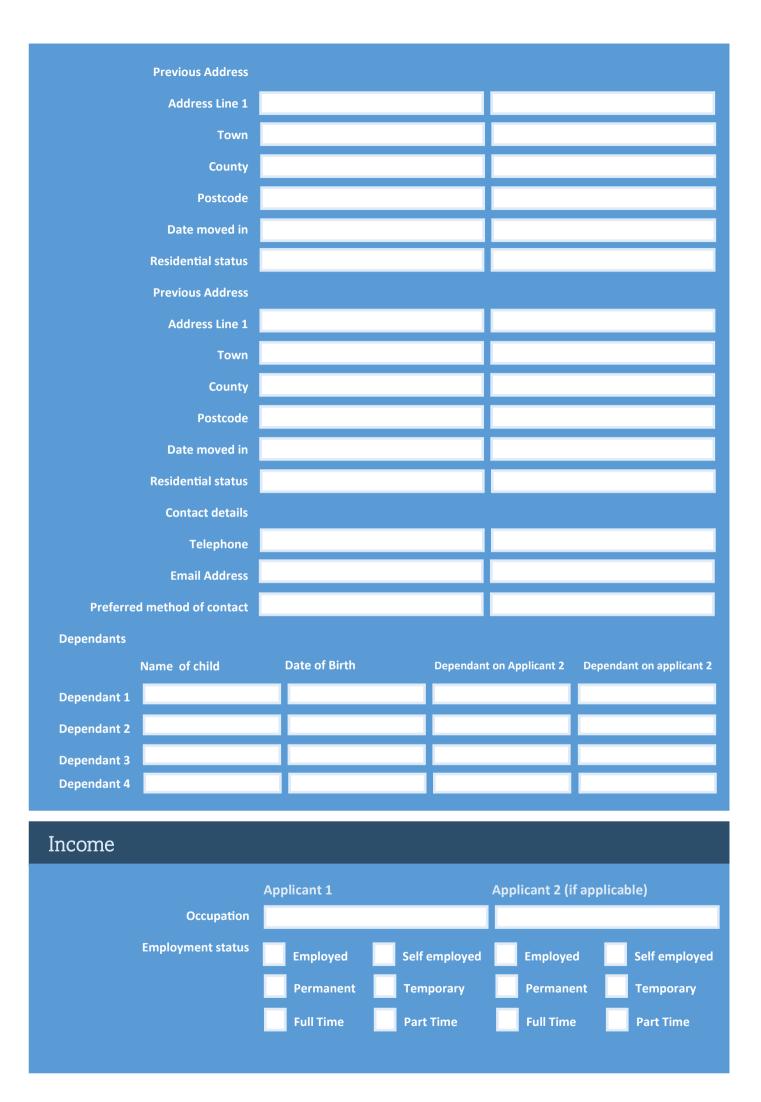
KERRY MOSS Financial Services Ltd

FACT FIND

Personal Details





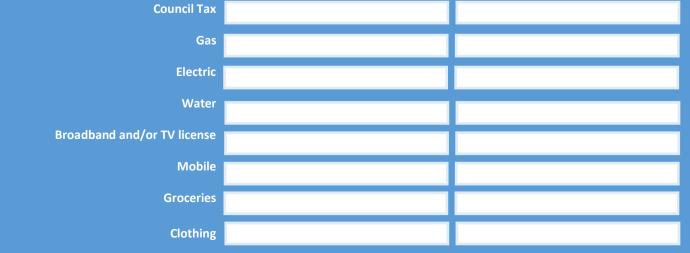
Income

If Y

	Applicant 1	Applicant 2 (if applicable)
Name of employer		
Address of employer		
Address		
Town		
County		
Postcode		
Start Date		
Employer telephone number		
If Self Employed		
Accountant name		
Accountant address		
Annual Salary		
Additional income		
Net monthly income		
Sick pay benefits?	Yes No	Yes No
'es, how many full weeks of pay:		
Death in service?		
If Yes, specify amount of cover		
Monthly pensions reductions	Yes No	Yes No
If Yes, please give details:		
State Benefits	Monthly Allowance	
Child Benefit		
Universal Credit		
Disability Living Allowance		
Other benefits		
Any other income reductions	Yes No	Yes No
If Yes, please give details:		
National insurance number		
Intended retirement age		
Bank Name		
Length of time account held		

Assets

	Applicant 1	Applicant 2 (if applicable)
Pensions		
Amount		
Name of management		
Monthly contributions		
Life insurance		
Provider		
Policy type		
Amount of cover		
Monthly premiums		
Home insurance		
Provider		
Policy Type		
Monthly premiums		
End date		
Claims in the last 5 years?	Yes No	Yes No
If Yes, please give details:		
Income Protection Policies		
Provider		
Monthly Premium		
Monthly Benefit		
Expenditure Breakdown		
Council Tax		



Expenditure Breakdown

	Applicant 1	Applicant 2 (if applicable)
Childcare/Maintenance		
Travel expenses		
Petrol		
Vehicle insurance		
Public transport		
Social		

Credit Commitments	
Credit commitment type (Credit cards/Loan/Finance Agreement)	
Credit Type	
Lender	
Remaining balance	
Monthly payments	
Current APR	
Purpose	
Credit Type	
Lender	
Remaining balance	
Monthly payments	
Current APR	
Purpose	
Credit Type	
Lender	
Remaining balance	
Monthly payments	
Current APR	
Purpose	
Credit Type	
Lender	
Remaining balance	

Monthly payments	
Current APR	
Purpose	
Credit Type	
Lender	
Remaining balance	
Monthly payments	
Current APR	
Purpose	

Protection Views

Check importance of certain areas that could potentially affect your ability to pay your mortgage RATE 1 (High importance) down to 5 (Low importance)

Pay off your mortgage if you passed away	
Provide financial security for partner & children if you passed away	
Receive a lump sum or monthly income if you were ever diagnosed with a serious illness? TOP 5 Claims Heart attack/disease Cancer Kidney failure Stroke Coronary artery bypass	
Cover your mortgage payments or income if you were made redundant	
Cover your mortgage payments or income if you couldn t work because of an accident or long term illness	
Cover the contents in your home against theft / fire damage / accidental / loss out of the home	

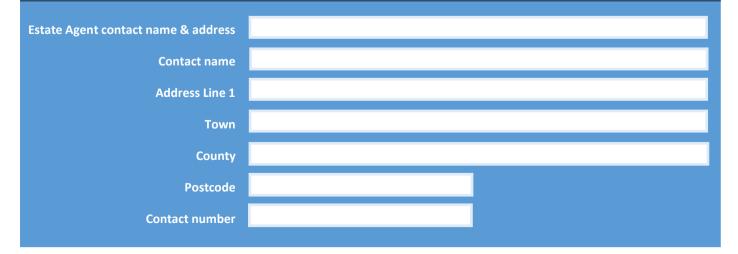
Requirements	
Address of proposed Mortgage if known	
Address Town	
County	
Postcode	
Purchase Price / Property Value	
Loan amount required	
Tenure	

Type of mortgage required:	Purchase	Re mortgage	
	Residential	Buy to Let	
Property type	Detached	Semi detached	End Terraced
	Bungalow	Flat	Mid terraced
Year built			
Number of bedrooms			
If flat please advise:			
Ground rent and service charge			
Years remaining on lease			
Floor your flat sits on			

Existing Mortgage Details

Property value:				
Outstanding Mortgage balance:				
Monthly payment:				
Original purchase price:				
Mortgage lender:				
Current rate of interest:				
Existing Product:	Variable	Fixed	Discount	:
	Capped	LIBOR	Best rat	e tracker
Deal expiry date:				

Requirements





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