

Data Capture Form



Nationwide
Building Society

For intermediary use only.

This form is for intermediaries' internal use only and is not approved for issuing to customer(s).
The information on this form may be used to assist the intermediary if an application is made to Nationwide.

1. Applicant Details	Applicant 1	Applicant 2												
Title	_____	_____												
Forename	_____	_____												
Second Name	_____	_____												
Surname	_____	_____												
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female												
Date of Birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y									
D	D	M	M	Y	Y									
Postcode	_____	_____												
	Details of Financial dependants	Details of Financial dependants												
	Aged From 0-5 <input type="checkbox"/> Aged From 6-11 <input type="checkbox"/>	Aged From 0-5 <input type="checkbox"/> Aged From 6-11 <input type="checkbox"/>												
	Aged From 12-17 <input type="checkbox"/> Aged 18 and above <input type="checkbox"/>	Aged From 12-17 <input type="checkbox"/> Aged 18 and above <input type="checkbox"/>												
Are you intending to port any loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the existing mortgage account number _____ The bank account number the Direct Debit is taken from _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the existing mortgage account number _____ The bank account number the Direct Debit is taken from _____												
Application Type	<input type="checkbox"/> New Purchase	<input type="checkbox"/> Remortgage												
What is this property application for?	<input type="checkbox"/> Owner Occupation	<input type="checkbox"/> Second Property												
If a second property application, please indicate what the intended use of the property is?	<input type="checkbox"/> Main Residence <input type="checkbox"/> Home for dependant relative	<input type="checkbox"/> Holiday home in the UK <input type="checkbox"/> Second property due to work location												
Applicant Type	<input type="checkbox"/> First Time Buyer <input type="checkbox"/> Existing Nationwide Borrower <input type="checkbox"/> Borrower with another lender <input type="checkbox"/> Previous Nationwide borrower <input type="checkbox"/> Previous borrower with another lender	<input type="checkbox"/> First Time Buyer <input type="checkbox"/> Existing Nationwide Borrower <input type="checkbox"/> Borrower with another lender <input type="checkbox"/> Previous Nationwide borrower <input type="checkbox"/> Previous borrower with another lender												
Property ownership type	<input type="checkbox"/> Standard <input type="checkbox"/> Shared Ownership	<input type="checkbox"/> Right to Buy <input type="checkbox"/> Equity Share <input type="checkbox"/> Restricted Resale Price <input type="checkbox"/> Genuine Bargain Price												
Does the applicant own a mortgage free property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Purchase Right To Buy	Loan amount? _____ £ Discounted purchase price? _____ £ What is the full market value of the property? _____ £													
Remortgage Right To Buy	Original Date of Purchase? <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> Loan amount? _____ £ Current estimated Value? _____ £ What is the amount being transferred from another lender? _____ £	D	D	M	M	Y	Y							
D	D	M	M	Y	Y									
Purchase Shared Ownership Detail	What is the purchase price of your share? _____ £ What is the full market value of the property? _____ £													
Remortgage Shared Ownership Details	What is the amount being transferred from another lender? _____ £													
Is the property to be used for residential purposes?		<input type="checkbox"/> Yes <input type="checkbox"/> No												
Loan amount		£ _____												
What is the purchase price or current estimated value?		£ _____												
Term of mortgage		<table border="1"><tr><td>Y</td><td>Y</td><td>M</td><td>M</td></tr></table>	Y	Y	M	M								
Y	Y	M	M											
If applicable – what is the amount being transferred from another lender?		£ _____												
Purchase Equity Share Detail	What type of equity share scheme is it? <input type="checkbox"/> Builder's Equity Loan	<input type="checkbox"/> Housing Association / Local Authority / National Gov't <input type="checkbox"/> Developer and HCA / GLA Co-Funded												
	What is the Purchase Price of the Share? _____ £ What is the full market value of the property? _____ £													
	Equity Shareholder Name _____ What date does the equity share loan first become due for repayment? <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y							
D	D	M	M	Y	Y									
Restricted Resale price	What is the Purchase Price? _____ £ What is the full market value of the property? _____ £	Please state the % restriction _____												
Genuine Bargain Price	What is the Purchase Price? _____ £ What is the full market value of the property? _____ £													

Security Details

Have you found a property yet? Yes No

If yes, property type: Terraced house Semi Detached Detached house Terraced bungalow
 Semi detached bungalow Converted Flat/Maisonette Purpose built Flat/Maisonette

Is the property a new build/newly converted or refurbished? Yes No

Tenure: Freehold Leasehold Commonhold Ownership Scotland

Does this application relate to a Nationwide Scheme? Yes No

External Scheme? Help to Buy NewBuy MI New Home

2. Details of property to be mortgaged

Is the mortgage for the applicants existing residence? Yes No Yes No

House number _____

House Name _____

Flat _____

Street _____

Town _____

County _____

Postcode _____

Which area of the UK is the property in? England & Wales Northern Ireland Scotland

Region of the security address e.g. South West, North East, Greater London _____

Tenure Freehold Commonhold Leasehold Ownership Scotland

If Leasehold, how many years remaining on the lease? _____

What will the new or extended term of the lease be at the time of completion? _____

3. Source of Deposit (Record each source separately)

Part 1 – What is the source of your deposit?

Savings Loan Builder cashback Equity
 Gift* LSAP Vendor cashback or incentive

How much is from this source? £ _____

What is/will be your monthly repayment (Loans only)? £ _____

If from Equity, what is the sale price of the property? £ _____

Part 2 – What is the source of your deposit? (Please tick one box)

Savings Loan Builder cashback Equity
 Gift* LSAP Vendor cashback or incentive

How much is from this source? £ _____

What is/will be your monthly repayment (Loans only)? £ _____

If from Equity, what is the sale price of the property? £ _____

* If Gift, please complete the Confirmation of Gifted Deposit declaration form.

Part 3 – What is the source of your deposit? (Please tick one box)

Savings Loan Builder cashback Equity
 Gift* LSAP Vendor cashback or incentive

How much is from this source? £ _____

What is/will be your monthly repayment (Loans only)? £ _____

If from Equity, what is the sale price of the property? £ _____

4. Remortgage with Capital Raising**Indicate purpose of Capital Raising**

		Amount for this purpose	£
Repay unsecured debts	<input type="checkbox"/>	Amount for this purpose	£
Other personal consumption	<input type="checkbox"/>	Amount for this purpose	£
Non structural home improvement	<input type="checkbox"/>	Amount for this purpose	£
Structural home improvement	<input type="checkbox"/>	Amount for this purpose	£
Buy out partner's interest (non-borrower)	<input type="checkbox"/>	Amount for this purpose	£
Buy a share in freehold	<input type="checkbox"/>	Amount for this purpose	£
Buy freehold title or new extended lease	<input type="checkbox"/>	Amount for this purpose	£
Buy land to extend security	<input type="checkbox"/>	Amount for this purpose	£
Buy property for main residence & let current property	<input type="checkbox"/>	Amount for this purpose	£
Purchase land/property separate from the security	<input type="checkbox"/>	Amount for this purpose	£
Pay off second charge	<input type="checkbox"/>	Amount for this purpose	£

5. Nationality: Inside of the EEA

	Applicant 1	Applicant 2
Are you a permanent UK resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not a permanent resident – Will a family member who is a permanent UK resident be a joint party to this mortgage and occupy the property on completion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you changed your name in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Title _____	Title _____
	Forename _____	Forename _____
	Second Name _____	Second Name _____
	Surname _____	Surname _____
	Gender _____	Gender _____

Nationality: Outside of the EEA

	Applicant 1	Applicant 2
Are you seeking asylum in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold refugee status as recognised under the 1951 UN conventions and its 1967 protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have indefinite leave to remain in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have 25% deposit from your own resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Nationality: Outside of the EEA (cont)

	Applicant 1	Applicant 2
Is your salary paid into a UK bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a tier 1/tier 2 work permit/visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you legally been a UK resident for at least three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold diplomatic immunity status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you changed your name in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Title _____	Title _____
	Forename _____	Forename _____
	Second Name _____	Second Name _____
	Surname _____	Surname _____
	Gender _____	Gender _____

**6. Please note only UK addresses accepted
Address Details – Current Address**

	Applicant 1	Applicant 2
House number	_____	_____
Flat	_____	_____
House name	_____	_____
Street	_____	_____
District	_____	_____
Town	_____	_____
County	_____	_____
Postcode	_____	_____
How long were you at this address?	_____ Y Y M M	_____ Y Y M M
Occupancy Status	<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Council tenant <input type="checkbox"/> Private tenant <input type="checkbox"/> Living with friends/relative <input type="checkbox"/> Provided by employer <input type="checkbox"/> Renting from a Housing Association	<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Council tenant <input type="checkbox"/> Private tenant <input type="checkbox"/> Living with friends/relative <input type="checkbox"/> Provided by employer <input type="checkbox"/> Renting from a Housing Association
Is there a letting agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Address Details – Previous Address 1

	Applicant 1	Applicant 2
House number	_____	_____
Flat	_____	_____
House name	_____	_____
Street	_____	_____
District	_____	_____
Town	_____	_____
County	_____	_____
Postcode	_____	_____
How long were you at this address?	_____ Y Y M M	_____ Y Y M M



Occupancy Status

- Owner Occupier
- Council tenant
- Private tenant
- Living with friends/relative
- Provided by employer
- Renting from a Housing Association

- Owner Occupier
- Council tenant
- Private tenant
- Living with friends/relative
- Provided by employer
- Renting from a Housing Association

Address Details – Previous Address 2

Applicant 1

Applicant 2

House number	<input type="text"/>	<input type="text"/>
Flat	<input type="text"/>	<input type="text"/>
House name	<input type="text"/>	<input type="text"/>
Street	<input type="text"/>	<input type="text"/>
District	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
County	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
How long were you at this address?	<input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M	<input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M

Occupancy Status

- Owner Occupier
- Council tenant
- Private tenant
- Living with friends/relative
- Provided by employer
- Renting from a Housing Association

- Owner Occupier
- Council tenant
- Private tenant
- Living with friends/relative
- Provided by employer
- Renting from a Housing Association

7. Employment Details

Applicant 1

Applicant 2

Main Employment

How are you employed?

- Permanent Temporary
- Fixed Term Contract Sub Contractor Fixed Term
- Sub Contractor Open Ended Sole trader
- Partner Director 20% or less Shareholding
- Director more than 20% Shareholding
- Not employed Retired Student
- Homemaker

- Permanent Temporary
- Fixed Term Contract Sub Contractor Fixed Term
- Sub Contractor Open Ended Sole trader
- Partner Director 20% or less Shareholding
- Director more than 20% Shareholding
- Not employed Retired Student
- Homemaker

Occupation

Annual salary

£

£

Bonus

£

£

Frequency

- Annually Quarterly Monthly
- Four weekly Weekly

- Annually Quarterly Monthly
- Four weekly Weekly

Overtime

£

£

Frequency

- Annually Quarterly Monthly
- Four weekly Weekly

- Annually Quarterly Monthly
- Four weekly Weekly

Commission

£

£

Frequency

- Annually Quarterly Monthly
- Four weekly Weekly

- Annually Quarterly Monthly
- Four weekly Weekly

Time with current employer

Y Y M M

Y Y M M

If less than 1 year - are you in a probation period?

Yes No

Yes No

Do you have a previous employer?

Yes No

Yes No

If yes

Start date Y Y M M

Start date Y Y M M

End date Y Y M M

End date Y Y M M

How were you employed?

Employment type

Gross Annual Income

£

£

Occupation



Fixed Term Contract

How long have you been contracting?	<input type="text"/>	Y	Y	M	M	<input type="text"/>	Y	Y	M	M
What is the remaining term on current contract?	<input type="text"/>	Y	Y	M	M	<input type="text"/>	Y	Y	M	M
Contract likely to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No				
Time with current employer	<input type="text"/>	Y	Y	M	M	<input type="text"/>	Y	Y	M	M
If less than 1 year - are you in a probation period?	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a previous employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes	Start date	Y	Y	M	M	Start date	Y	Y	M	M
	End date	Y	Y	M	M	End date	Y	Y	M	M
How were you employed?	<input type="text"/>									
Employment type	<input type="text"/>									
Gross Annual Income	£	<input type="text"/>				£	<input type="text"/>			
Occupation	<input type="text"/>									

Sub Contractor Open Ended

Are you treated as employed for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes - Annual Salary	£	<input type="text"/>				£	<input type="text"/>			
Bonus	£	<input type="text"/>				£	<input type="text"/>			
Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly					<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly				
Overtime	£	<input type="text"/>				£	<input type="text"/>			
Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly					<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly				
Commission	£	<input type="text"/>				£	<input type="text"/>			
Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly					<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly				
If No - Net profit before tax Latest Period	£	<input type="text"/>				£	<input type="text"/>			
If No - Net profit before tax Previous Period	£	<input type="text"/>				£	<input type="text"/>			
Time with current employer	<input type="text"/>	Y	Y	M	M	<input type="text"/>	Y	Y	M	M
If less than 1 year - are you in a probation period?	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a previous employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes	Start date	Y	Y	M	M	Start date	Y	Y	M	M
	End date	Y	Y	M	M	End date	Y	Y	M	M
How were you employed?	<input type="text"/>									
Employment type	<input type="text"/>									
Gross Annual Income	£	<input type="text"/>				£	<input type="text"/>			
Occupation	<input type="text"/>									

Sub Contractor Fixed Term

How long have you been contracting?	<input type="text"/>	Y	Y	M	M	<input type="text"/>	Y	Y	M	M
What is the remaining term on current contract?	<input type="text"/>	Y	Y	M	M	<input type="text"/>	Y	Y	M	M
Current contract likely to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you treated as employed for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes - Annual Salary	£	<input type="text"/>				£	<input type="text"/>			
Bonus	£	<input type="text"/>				£	<input type="text"/>			
Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly					<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly				
Overtime	£	<input type="text"/>				£	<input type="text"/>			
Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly					<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly				
Commission	£	<input type="text"/>				£	<input type="text"/>			
Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly					<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly				
If No - Net profit before tax Latest Period	£	<input type="text"/>				£	<input type="text"/>			



If No - Net profit before tax Previous Period	£	_____	£	_____
Time with current employer		_____ Y Y M M		_____ Y Y M M
If less than 1 year - are you in a probation period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a previous employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes	Start date	_____ Y Y M M	Start date	_____ Y Y M M
	End date	_____ Y Y M M	End date	_____ Y Y M M
How were you employed?		_____		_____
Employment type		_____		_____
Gross Annual Income	£	_____	£	_____
Occupation		_____		_____

Sole Trader (Self Employed)

How long have you been trading?		_____ Y Y M M		_____ Y Y M M
Have you become a partner in a professional practice?		_____		_____
Net profit before tax - Latest Period	£	_____	£	_____
Net profit before tax - Previous Period	£	_____	£	_____

Partner (Self Employed)

	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
How long have you been trading?		_____ Y Y M M		_____ Y Y M M
Have you become a partner in a professional practice?		_____		_____
Share of net profit before tax - Latest Period	£	_____	£	_____
Share of net profit before tax - Previous Period	£	_____	£	_____

Director / Shareholder with more than 20% shareholding

	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
How long have you been trading?		_____ Y Y M M		_____ Y Y M M
Salary (including dividends) - Latest Period	£	_____	£	_____
Salary (including dividends) - Previous Period	£	_____	£	_____
Not employed	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Retired	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Student	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Home Maker	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	

Employment Details

Applicant 1

Applicant 2

Secondary Employment

How are you employed?

- Permanent Temporary
- Fixed Term Contract Sub Contractor Fixed Term
- Sub Contractor Open Ended Sole trader
- Partner Director 20% or less Shareholding
- Director more than 20% Shareholding
- Not employed Retired Student
- Homemaker

- Permanent Temporary
- Fixed Term Contract Sub Contractor Fixed Term
- Sub Contractor Open Ended Sole trader
- Partner Director 20% or less Shareholding
- Director more than 20% Shareholding
- Not employed Retired Student
- Homemaker

Occupation		_____		_____
Annual salary	£	_____	£	_____
Bonus	£	_____	£	_____
Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly		<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
	<input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly		<input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly	
Overtime	£	_____	£	_____
Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly		<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
	<input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly		<input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly	
Commission	£	_____	£	_____
Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly		<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
	<input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly		<input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly	

Time with current employer		_____ Y Y M M		_____ Y Y M M
If less than 1 year - are you in a probation period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a previous employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No



If yes	Start date	Y	Y	M	M	Start date	Y	Y	M	M		
	End date	Y	Y	M	M	End date	Y	Y	M	M		
How were you employed?												
Employment type												
Gross Annual Income	£									£		
Occupation												

Fixed Term Contract

How long have you been contracting?	Y	Y	M	M	Y	Y	M	M				
What is the remaining term on current contract?	Y	Y	M	M	Y	Y	M	M				
Contract likely to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Time with current employer	Y	Y	M	M	Y	Y	M	M				
If less than 1 year - are you in a probation period?	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Do you have a previous employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes	Start date	Y	Y	M	M	Start date	Y	Y	M	M		
	End date	Y	Y	M	M	End date	Y	Y	M	M		
How were you employed?												
Employment type												
Gross Annual Income	£									£		
Occupation												

Sub Contractor Open Ended

Are you treated as employed for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No										
If Yes - Annual Salary	£	£										
Bonus	£	£										
Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly										
Overtime	£	£										
Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly										
Commission	£	£										
Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly										
If No - Net profit before tax Latest Period	£	£										
If No - Net profit before tax Previous Period	£	£										
Time with current employer	Y	Y	M	M	Y	Y	M	M				
If less than 1 year - are you in a probation period?	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Do you have a previous employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes	Start date	Y	Y	M	M	Start date	Y	Y	M	M		
	End date	Y	Y	M	M	End date	Y	Y	M	M		
How were you employed?												
Employment type												
Gross Annual Income	£									£		
Occupation												

Sub Contractor Fixed Term

How long have you been contracting?	Y	Y	M	M	Y	Y	M	M				
What is the remaining term on current contract?	Y	Y	M	M	Y	Y	M	M				
Current contract likely to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Are you treated as employed for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes - Annual Salary	£									£		
Bonus	£									£		
Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly									<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly		

Overtime	£	£
Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly
Commission	£	£
Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Four weekly <input type="checkbox"/> Weekly

Sub Contractor Fixed Term (cont)

If No - Net profit before tax Latest Period	£	£
If No - Net profit before tax Previous Period	£	£
Time with current employer	_____ Y Y M M	_____ Y Y M M
If less than 1 year - are you in a probation period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a previous employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes	Start date _____ Y Y M M End date _____ Y Y M M	Start date _____ Y Y M M End date _____ Y Y M M
How were you employed?	_____	_____
Employment type	_____	_____
Gross Annual Income	£ _____	£ _____
Occupation	_____	_____

Sole Trader (Self Employed)

How long have you been trading?	_____ Y Y M M	_____ Y Y M M
Have you become a partner in a professional practice?	_____	_____
Net profit before tax - Latest Period	£ _____	£ _____
Net profit before tax - Previous Period	£ _____	£ _____

Partner (Self Employed)

	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
How long have you been trading?	_____ Y Y M M	_____ Y Y M M
Have you become a partner in a professional practice?	_____	_____
Share of net profit before tax - Latest Period	£ _____	£ _____
Share of net profit before tax - Previous Period	£ _____	£ _____

Director / Shareholder with more than 20% shareholding

	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
How long have you been trading?	_____ Y Y M M	_____ Y Y M M
Salary (including dividends) - Latest Period	£ _____	£ _____
Salary (including dividends) - Previous Period	£ _____	£ _____
Not employed	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Retired	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Student	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Home Maker	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

8. Other Income (Monthly)

	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any other income?		
Investment income	£ _____	£ _____
Maintenance Income	£ _____	£ _____
Rental income from an unencumbered property	£ _____	£ _____
Pension Income	£ _____	£ _____
Pension Credit	£ _____	£ _____
Child Benefit	£ _____	£ _____
State Disability benefit	£ _____	£ _____
Universal Credit/Tax Credit	£ _____	£ _____
Reduction in Income- are you aware of any changes to your income that is likely to affect your ability to meet your monthly mortgage repayment?		
If yes provide details	_____	_____

Retirement Details	Applicant 1	Applicant 2
At what age do you plan to retire?		
If the term of the mortgage extends into the customer(s) retirement and retirement is within the next 10 years, please provide details of the retirement income.		
Annual Investment Income (including dividends)	£	£
Annual Maintenance Income	£	£
Annual rental income from an unencumbered property	£	£
Annual pension income (including annuities)	£	£
Annual pension credit	£	£
Annual child benefit	£	£
Annual State disability benefit	£	£
Annual Universal credit/tax credits	£	£
Reduction in Income- are you aware of any changes to your income that is likely to affect your ability to meet your monthly mortgage repayment?		
If yes provide details		

9. Outgoings – Monthly Outgoings/Loans	Applicant 1	Applicant 2
Personal Loans/Hire Purchase with more than 6 months to run	£	£
Total Monthly payment for any Personal Loans/Hire Purchase being cleared on or before completion	£	£
Secured loans with more than 6 months to run	£	£
Total Monthly payment for any Secured loans being cleared on or before completion	£	£
Deferred Purchase Agreements with more than 6 months to run	£	£
Total Monthly payment for any Deferred Purchase Agreements being cleared on or before completion	£	£
Student loan payment	£	£
Total Monthly payment for any Student loan being cleared on or before completion	£	£
Child Care	£	£
School fees	£	£
CSA/Maintenance	£	£
Additional costs for financial dependants	£	£
Regular Travel	£	£

Outstanding Credit Card Balances	Applicant 1	Applicant 2
Total Outstanding Credit Card Balances	£	£
Credit card balances being cleared on or before completion	£	£

Other Outgoings	Applicant 1	Applicant 2
Any other regular expenditure that you would like us to take into account when assessing affordability?	£	£

Increase in Outgoings	Applicant 1	Applicant 2
Are you aware of any changes to your income that is likely to affect your ability to meet your monthly mortgage repayment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes provide details

Annual Property Outgoings	Applicant 1	Applicant 2
Enter details of cost associated with property you are buying		
Council Tax	£	£
Ground Rent	£	£
Service Charge	£	£
Building Insurance	£	£
Shared Ownership Rent	£	£

10. Existing Mortgage Details	Applicant 1	Applicant 2
Which applicant is party to this mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing lender name	_____	_____
Existing mortgage account number	_____	_____
What is your current outstanding balance?	£ _____	£ _____
What is the balance that will be continuing?	£ _____	£ _____
Is the property let?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a tenancy agreement in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the monthly mortgage repayment?	£ _____	£ _____
What is the monthly rental income?	£ _____	£ _____
<hr/>		
Which applicant is party to this mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing lender name	_____	_____
Existing mortgage account number	_____	_____
What is your current outstanding balance?	£ _____	£ _____
What is the balance that will be continuing?	£ _____	£ _____
Is the property let?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a tenancy agreement in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the monthly mortgage repayment?	£ _____	£ _____
What is the monthly rental income?	£ _____	£ _____
<hr/>		
Which applicant is party to this mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing lender name	_____	_____
Existing mortgage account number	_____	_____
What is your current outstanding balance?	£ _____	£ _____
What is the balance that will be continuing?	£ _____	£ _____
Is the property let?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a tenancy agreement in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the monthly mortgage repayment?	£ _____	£ _____
What is the monthly rental income?	£ _____	£ _____

11. Credit Check	Applicant 1	Applicant 2
Have you ever been bankrupt or entered into a voluntary agreement with a creditor in the last 6 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of bankruptcy or arrangements with creditors	_____ _____	_____ _____
Have you ever had a county court judgement against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a property repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please be aware that a Decision In Principle is a Full Credit score and will leave a footprint against the applicant(s) credit record

12. Product Selection
All existing borrowing (i.e. the amount being ported) will be kept on the existing repayment type and if any part of it is on interest only you must have acceptable repayment vehicle(s) in place. All further borrowing must be taken on a capital and interest repayment basis.
Single product selection
Product description <input type="checkbox"/> Fixed <input type="checkbox"/> Tracker
Product term <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year <input type="checkbox"/> 5 year
Product Code _____
Product fee <input type="checkbox"/> Add to loan <input type="checkbox"/> Pay up front

13. Fee Payment	Booking Fee
Credit/ debit card details will be required for all fees paid upfront	

14. Landlord / Letting Agent Details

Name	_____
Building Name	_____
Building number	_____
Flat	_____
Street	_____
District	_____
Town	_____
County	_____
Postcode	_____
Telephone number	_____

15. Existing Mortgage Details

Existing lender name	_____	_____
Existing mortgage account number	_____	_____
Outstanding balance	£ _____	£ _____
Balance continuing	£ _____	£ _____

Existing lender name	_____	_____
Existing mortgage account number	_____	_____
Outstanding balance	£ _____	£ _____
Balance continuing	£ _____	£ _____

16. Applicant's Contact Details

Applicant 1

Applicant 2

What is the applicant's preferred method of contact?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email
Home telephone number	_____	_____
Work telephone number	_____	_____
Mobile phone number	_____	_____
Email address	_____	_____
Do you require contact through Typetalk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any requirements to receive your correspondence in a special format?	<input type="checkbox"/> None Required <input type="checkbox"/> Audio <input type="checkbox"/> Large Print <input type="checkbox"/> Braille	<input type="checkbox"/> None Required <input type="checkbox"/> Audio <input type="checkbox"/> Large Print <input type="checkbox"/> Braille
Does the applicant(s) have a different correspondence to their current address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes - Building Name	_____	_____
Building number	_____	_____
Flat	_____	_____
Street	_____	_____
District	_____	_____
Town	_____	_____
County	_____	_____
Postcode	_____	_____

17. Existing Personal Loans/ Hire Purchase	Applicant 1	Applicant 2
Which applicant is party to this loan?	<input type="checkbox"/>	<input type="checkbox"/>
Lender name	_____	_____
Monthly payment	£ _____	£ _____
Approximate Balance	£ _____	£ _____
	Applicant 1	Applicant 2
Which applicant is party to this loan?	<input type="checkbox"/>	<input type="checkbox"/>
Lender name	_____	_____
Monthly payment	£ _____	£ _____
Approximate Balance	£ _____	£ _____
18. Existing Secured Loans	Applicant 1	Applicant 2
Which applicant is party to this loan?	<input type="checkbox"/>	<input type="checkbox"/>
Lender name	_____	_____
Monthly payment	£ _____	£ _____
Approximate Balance	£ _____	£ _____
	Applicant 1	Applicant 2
Which applicant is party to this loan?	<input type="checkbox"/>	<input type="checkbox"/>
Lender name	_____	_____
Monthly payment	£ _____	£ _____
Approximate Balance	£ _____	£ _____
19. Existing Deferred Purchase Agreements	Applicant 1	Applicant 2
Which applicant is party to this loan?	<input type="checkbox"/>	<input type="checkbox"/>
Lender name	_____	_____
Monthly payment	£ _____	£ _____
Approximate Balance	£ _____	£ _____
	Applicant 1	Applicant 2
Which applicant is party to this loan?	<input type="checkbox"/>	<input type="checkbox"/>
Lender name	_____	_____
Monthly payment	£ _____	£ _____
Approximate Balance	£ _____	£ _____
20. Existing Credit Card Balances	Applicant 1	Applicant 2
Which applicant is party to this credit card?	<input type="checkbox"/>	<input type="checkbox"/>
Company name	_____	_____
Monthly payment	£ _____	£ _____
Balance being cleared	£ _____	£ _____
	Applicant 1	Applicant 2
Which applicant is party to this credit card?	<input type="checkbox"/>	<input type="checkbox"/>
Company name	_____	_____
Monthly payment	£ _____	£ _____
Balance being cleared	£ _____	£ _____

21. Employment Details	Applicant 1	Applicant 2
Company Name		
Employee Number		
Building number		
Building Name		
Floor/Unit/Flat		
Street		
Town		
County		
Postcode		

Accountants Details	Applicant 1	Applicant 2
Name		
Telephone number		
Fax number		
E-mail address		
Building Number		
Building Name		
Floor/ Unit/ Flat		
Street		
Town		
County		
Postcode		

Secondary Employment details	Applicant 1	Applicant 2
Company Name		
Employee Number		
Building number		
Building Name		
Floor/Unit/Flat		
Street		
Town		
County		
Postcode		

Accountants Details	Applicant 1	Applicant 2
Name		
Telephone number		
Fax number		
E-mail address		
Building Number		
Building Name		
Floor/ Unit/ Flat		
Street		
Town		
County		
Postcode		

22. Bank Details**Bank details will be required for the payment of the mortgage**Sort code Account Number Date of payment Direct Debits are usually collected on 1st of the month unless you ask for a different day (2-28).**23. Details of property to be mortgaged (if not already completed in section 2)**Is the mortgage for the applicants existing residence? Yes No Yes No

House number

House Name

Flat

Street

Town

County

Postcode

Which area of the UK is the property in? England & Wales Northern Ireland Scotland

Region of the security address e.g. South West, North East, Greater London

Tenure Freehold Commonhold Leasehold Ownership Scotland

If Leasehold, how many years remaining on the lease?

What will the new or extended term of the lease be at the time of completion?

24. Property DescriptionWhat is the property type? Terraced house Semi detached house Detached house Terraced bungalow
 Semi detached bungalow Converted Flat / Maisonette Purpose built Flat / MaisonetteWhat year was the property built?

Number of bedrooms

How many floors does the property have?

Purchase only – Is the property a new build or newly converted or refurbished? Yes NoDoes the property have a garage or parking space? Yes NoDoes the property have a basement or cellar? Yes NoIs the property under construction or major redevelopment? (or due to be) Yes NoIs the property a listed building? Yes NoIs the property habitable? Yes NoIs the plot size greater than 1 acre? Yes NoIf plot size is greater than 1 acre – Any of the land to be used for business/ commercial/ agricultural purposes? Yes NoIs the property subject to any agricultural restrictions? Yes No

If plot size is greater than 1 acre – Please provide details of agricultural restrictions

Is the wall construction brick, block or stone? Yes NoIs the roof construction tile or slate? Yes NoHas the property been flooded in the last 5 years? Yes NoIs the property at risk of coastal or river erosion? Yes NoHas the property suffered from subsidence, heave or landslip? Yes No

25. Valuation Details

Please select the valuation type you require Mortgage Valuation Report Home Buyer's Report Transcript (Scotland only)

Credit/ debit card details may be required for payment of fees

Property Access Details (Details of Estate Agent or other)

Contact Name _____
Company name (if applicable) _____
Daytime Telephone number _____
Evening Telephone number _____
E-mail address _____
Is there any supporting information for the valuer? _____

Property Access Address (Details of Property)

Building number _____
Flat _____
Building Name _____
Street _____
Town _____
County _____
Postcode _____

26. Other Occupants

Any persons aged 17 or over that will be living at the property on completion of this mortgage

Title _____
Forename _____
Surname _____
Title _____
Forename _____
Surname _____

27. Insurance Details – Buildings Insurance

Purchase only – Are the applicant(s) liable for building insurance? Yes No

Have they arranged buildings insurance with another company? Yes No

If they have arranged buildings insurance – Insurance Company _____

Policy Number _____

Sum Insured £ _____

Renewal month _____

If they have not arranged buildings insurance – Would the applicants(s) like Nationwide to contact them with a quote for buildings insurance? Yes No

If they would like Nationwide to contact them – is the property fitted with an alarm? Yes No

Has the alarm been professionally installed and maintained annually? _____

Is the property fitted with window locks and 5 lever mortice locks on all external doors? Yes No

Is the property in a Neighbourhood Watch area? Yes No

Is the property regularly occupied during the day? Yes No

Is accidental cover for buildings insurance required? Yes No

If they do not want Nationwide to contact them – Please tell us why they have chosen to use alternative cover Better Premium Better Cover Better Cover & Premium Policy no longer suitable Too expensive Alternative cover in place Other

Contents Insurance

Would the applicants(s) like Nationwide to contact them with a quote for contents insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes – Amount of cover required	£ _____	
Is accidental cover for contents insurance required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is cover required for any personal possessions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is cover required for any pedal cycles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Buildings and Contents Claims

Have the applicant(s) or anyone living with them made any claims on building or contents cover in the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many claims for buildings insurance?	_____	
Date of last claim for buildings insurance	_____	
How many claims for contents insurance?	_____	
Date of last claim for contents insurance	_____	

28. Solicitor Details

Company Name	_____
Building Number	_____
Building name	_____
Street	_____
Town	_____
County	_____
Postcode	_____
Acting Solicitor Name	_____
Telephone number	_____
Fax number	_____
Email address	_____

29. Intermediary Requirements

Level of advice	<input type="checkbox"/> Advice Given
Will you be charging your client a fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes – Fee amount	£ _____
Who is it payable to?	_____
When is the fee payable?	<input type="checkbox"/> Immediately <input type="checkbox"/> On application
Is the fee refundable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of fee to be refunded	£ _____
Percentage fee of be refunded	_____ %
When is the fee to be refunded if the application does not proceed?	_____
Do you intend to pass any of the procurement fee to the applicants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much of the procurement fee is be passed on?	£ _____

