



Product Transfer Credit Repair Application Form

Please submit this form to:
Product Transfer Credit Repair Team
Birmingham Midlands
PO Box 81
Wolverhampton
WV9 5YF
or fax on: 01902 785246

BM BIRMINGHAM
MIDSHIRES

Customers currently on a Sub-Prime or Self-Cert Sub-Prime mortgage scheme may be eligible to change to Mainstream or Self-Cert, subject to meeting our current lending criteria.

Important – Credit History Criteria

CCJs / Defaults

- No more than 1 satisfied CCJ or default up to £250 in the last 2 years
- No more than 2 satisfied CCJs or defaults up to £750 in the last 2 to 6 years
- No unsatisfied CCJs or defaults (with the exception of 1 Mail Order default <£100)

Secured Lending Arrears

- No more than 1 month in the last year
- No more than 2 months in the last 3 years

Unsecured Lending Arrears

- No more than 3 months arrears in the last year

Bankruptcy

- Discharged more than 6 years ago

IVAs

- Satisfied more than 6 years ago

Repossession

- No repossessions allowed

Intermediary Information

Please complete **all** relevant sections

Name of Financial Advisor

Company Name

Address

Contact Name

Telephone number
(including area code)

Fax number
(including area code)

E-mail address

All e-mails to and from Birmingham Midshires are sent and received via an unsecure e-mail system. This means that unauthorised parties may obtain access to messages.

Any e-mail sent by Birmingham Midshires will be restricted to a minimum of information such as an application number and a brief message stating that the application is proceeding to the next stage. The Data Protection Act 1998 restricts the amount of information we can disclose in e-mail messages.

FSA Registration number

Note: we will not accept applications (including Buy to Let) from non-FSA regulated companies/intermediaries.

To be completed with details of marketing company/mortgage club membership/network/branch/principal.

(Please note: Details of only one company should be included)

Will you be the primary contact for this product transfer?

Yes

No

Name of Financial Advisor

Company Name

Address

Contact Name

Telephone number
(including area code)

Fax number
(including area code)

Please provide FSA number, together with any other membership details: (if applicable)

FSA number

Other (please specify)

To be completed if you have authority to obtain references on behalf of BM (if you are a packager)

(Please note: Details of only one company should be included)

Name of Financial Advisor

Company Name

Address

Contact Name

Telephone number
(including area code)

Fax number
(including area code)

FSA number

Broker Declaration

Will you be charging the customer a fee for arranging this mortgage?

If more than one fee being charged, please complete additional fees details in section 7.

Please state reason for fee:

Broker Fee

Packager Fee

Mortgage Club Fee

How much is the customer paying?

£

Is this fee:

Actual fee

Current fee

Estimated fee

When is this fee payable?

Prior to application submission

On application submission

At the start of the loan

Who is the fee payable to?

Is the fee refundable?

Under what circumstances would the fee be refunded to the customer?

Yes

No

i.e. the amount will not change

which may be subject to change

which may be subject to change

Yes

No

If the mortgage offer is not obtained

If the loan does not complete

Only if declined by the lender

Other (this text will appear on the KFI)

Have you provided the customers with an IDD?

Yes

No

Level of Service:

Please ✓ the appropriate box.

Advised

Non-advised

Broker Declaration.

I confirm that I am acting on behalf of the applicants and have their permission to access their information.

I confirm that, to the best of my knowledge and belief, the information contained in this application is true.

I confirm that, to the best of my knowledge the applicants meet the Credit History Criteria.

Broker Signature

Date

(dd/mm/yyyy)

Name (please print)

NB:

To enable us to process this application a Decision in Principle will be created. Your customer may receive correspondence from us relating to this, which should be disregarded.

Customer Declaration

Important

We will search credit reference and fraud prevention agencies to check your identity, credit status and help us make decisions. For this application, we will assess you on your own (except for another party to this application). By proceeding, you declare that your financial associate's finances will not affect our decision. We check your declaration and may decline the application if it is inaccurate.

Are you aware of anyone with whom you are financially associated who has adverse credit?

Yes No

When processing applications, we will search our records and check your details with credit reference and fraud prevention agency records. Our search may include electoral register details and credit information on any associated credit records, including previous and subsequent names of parties to an account, and is recorded whether or not the application goes ahead.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering. Further details explaining how the information held by the fraud prevention agencies may be used can be obtained by writing to us at: Fraud Prevention Team, Birmingham Midshires, Pendeford Business Park, PO Box 81, Wolverhampton, WV9 5HZ
We need your consent for us to make enquiries of other people, to obtain references or to confirm employment details and for those people to disclose any information to us. The information you give me may also be revealed to anyone also named on the mortgage. Is this ok?

Are all applicants happy to proceed with an illustration on this basis?

Agree Disagree

Important Note for accounts currently operating on Monthly or Annual capitalisation

We can only change your mortgage product if your account is changed to daily interest capitalisation. This means that interest is calculated on a daily basis on the balance of your account at that time. If the balance goes down you will get the benefit straightaway. If your balance increases you will be charged on the higher amount. The rest of the terms and conditions of your mortgage will be the same. We also require your mortgage payments to be received on the day that they are due. Any variation to this could result in additional interest being charged, and this will increase your balance. A form will be sent to you to sign and return; this will be included with your illustration.

Product Transfer Details

BM Account Number(s)

Property Address

Postcode

Request to change mortgage scheme to

Is there a guarantor for this loan?

Yes No

Is it your intention to let the property?

Yes No

Is at least 40% of land/property area to be used for residential purposes? (BTL is considered residential)

Yes No

Do you wish to change the remaining term on your mortgage account?

Yes No (If yes, please confirm the required term in years and months)

Yrs

Mths

Are you making a Capital Repayment as part of this Product Transfer?

Yes No (If yes, please confirm the amount)

£

Do you wish to change the repayment method of your mortgage as part of this Product Transfer?

Yes No (If yes, please confirm the amounts required on Repayment and Interest-only)

Repayment

£

Interest-only

£

NB – It is important to note that you cannot change your repayment method to Interest-only as part of this Product Transfer – this must be requested after completion by contacting our Lending Services Team on **0845 300 2627**.

Product Selected
(Subject to availability)

Product Code

All the following sections to be completed by applicant(s)

Please complete in BLOCK CAPITALS or ✓ the appropriate box. Continue in Section 7 – **Additional Information** or a separate sheet where necessary and if a question is not applicable state N/A or none. Incomplete or illegible applications will cause delay. IT IS ESSENTIAL that this form is completed in its entirety.

Section I: Customer Details

Where there are more than two applicants, please complete a second application form

	First Applicant	Joint Applicant
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Second forename	<input type="text"/>	<input type="text"/>
Previous first name(s)	<input type="text"/>	<input type="text"/>
Previous surname(s) i.e. maiden name	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> (dd/mm/yyyy)	<input type="text"/> (dd/mm/yyyy)
Nationality	<input type="text"/>	<input type="text"/>
How long have you been resident in the UK?	<input type="text"/> Years	<input type="text"/> Years
Gender	<input type="text"/>	<input type="text"/>
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced / dissolved a Civil Partnership <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced / dissolved a Civil Partnership <input type="checkbox"/>
Total number of dependants for all applicants	<input type="text"/>	
Total amount for all applicants of any maintenance or CSA payments	£ <input type="text"/>	
*Present address	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
Telephone (including ex-directory and area codes)	Mobile <input type="text"/>	Mobile <input type="text"/>
	Home <input type="text"/>	Home <input type="text"/>
Preferred contact method (Home / Mobile)	<input type="text"/>	<input type="text"/>
Preferred contact time between the hours of 9.00am–8.00pm, Mon–Sat.	<input type="text"/>	<input type="text"/>
Date moved to present address	<input type="text"/> (dd/mm/yyyy)	<input type="text"/> (dd/mm/yyyy)
State if you are:	Owner <input type="checkbox"/> Local Authority Renting <input type="checkbox"/> Privately Renting <input type="checkbox"/> Living with parents <input type="checkbox"/> Living with relatives/friends <input type="checkbox"/>	Owner <input type="checkbox"/> Local Authority Renting <input type="checkbox"/> Privately Renting <input type="checkbox"/> Living with parents <input type="checkbox"/> Living with relatives/friends <input type="checkbox"/>

* If you have a different correspondence address, please complete this in Section 7 – **Additional Information**.

Section 2: Previous Address Details

(Please give details of any previous address(es) in the last 3 years – continue in Section 7 – **Additional Information**, if necessary)

	First Applicant	Joint Applicant
Address	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
State if you were:	Owner <input type="checkbox"/> Local Authority Renting <input type="checkbox"/> Privately Renting <input type="checkbox"/>	Owner <input type="checkbox"/> Local Authority Renting <input type="checkbox"/> Privately Renting <input type="checkbox"/>
	Living with parents <input type="checkbox"/> Living with relatives/friends <input type="checkbox"/>	Living with parents <input type="checkbox"/> Living with relatives/friends <input type="checkbox"/>
Period of residence (dd/mm/yyyy)	<input type="text"/> to <input type="text"/>	<input type="text"/> to <input type="text"/>

Section 3: Financial Details

Unsecured Commitments:

Please enter details of any non-mortgage related commitments.

How much do you typically pay towards your other financial commitments each month? Please enter a total figure for all applicants.

The figure should **include**: unsecured personal loans that have more than 12 months to run (e.g. car loans, HP Agreements etc), 5% of credit card/storecard balances that are not cleared on a monthly basis, monthly payment re charge card/budget accounts.

This figure should **exclude**: household utility bills, child maintenance, payments into savings/investment plans.

Monthly Payment Amount	<input type="text"/>
Total Balance Outstanding	<input type="text"/>

Section 4: Repayment Vehicle Details (Please complete the repayment vehicle costs, where the loan type includes any element of interest only. Please also state the repayment vehicle frequency, whether annually, monthly, quarterly, half yearly or weekly)

Repayment Vehicle Type	Repayment Vehicle Cost	Repayment Vehicle Payment frequency	Amount to be repaid
ISA(s)			£
Endowment(s)			£
Pension(s)			£
Other Investment Plan(s)			£
– please specify	<input type="text"/>		
Sale of other property owned			£
Sale of mortgaged property			£
Sale of other assets / business			
– please specify	<input type="text"/>		£
Inheritance			£

Interest only balance £

*** Total £**

* Please note this must match the Interest Only balance of the loan.

Section 5: Employment and Income Details

	First Applicant	Joint Applicant
If employed, Name of employer	<input type="text"/>	<input type="text"/>
If Self-employed, Trading name	<input type="text"/>	<input type="text"/>
Nature of business	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Job title	<input type="text"/>	<input type="text"/>
Employment status <i>(If you hold 33% or more of shares in the company, please select Self employed)</i>	Employed <input type="checkbox"/> Self employed <input type="checkbox"/>	Employed <input type="checkbox"/> Self employed <input type="checkbox"/>
	Retired <input type="checkbox"/> Not employed <input type="checkbox"/>	Retired <input type="checkbox"/> Not employed <input type="checkbox"/>
Type of Employment	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>
	Contract <input type="checkbox"/>	Contract <input type="checkbox"/>
Start date of employment / business / contract	<input type="text"/> (dd/mm/yyyy)	<input type="text"/> (dd/mm/yyyy)
End date of contract	<input type="text"/> (dd/mm/yyyy)	<input type="text"/> (dd/mm/yyyy)

If employed less than 12 months or self-employed less than 2 years, give details of previous employer(s).

	First Applicant	Joint Applicant
Company / Employer name	<input type="text"/>	<input type="text"/>
Start date	<input type="text"/> (dd/mm/yyyy)	<input type="text"/> (dd/mm/yyyy)
End date	<input type="text"/> (dd/mm/yyyy)	<input type="text"/> (dd/mm/yyyy)
Occupation	<input type="text"/>	<input type="text"/>
Employment status	Employed <input type="checkbox"/> Self employed <input type="checkbox"/>	Employed <input type="checkbox"/> Self employed <input type="checkbox"/>
	Retired <input type="checkbox"/> Not employed <input type="checkbox"/>	Retired <input type="checkbox"/> Not employed <input type="checkbox"/>

Section 5a: Status income

Employed: This section should only be completed where applicant is confirming income.

IMPORTANT: If you hold more than 33% of shares in your company, we will assess your application on a self-employed basis. Please breakdown income as per categories listed.

	First Applicant	Joint Applicant
PAYE Basic income	£ <input type="text"/>	£ <input type="text"/>
PAYE overtime	£ <input type="text"/>	£ <input type="text"/>
PAYE bonus	£ <input type="text"/>	£ <input type="text"/>
PAYE commission	£ <input type="text"/>	£ <input type="text"/>
Additional duty hours	£ <input type="text"/>	£ <input type="text"/>
Disability	£ <input type="text"/>	£ <input type="text"/>
DSS Unemployed	£ <input type="text"/>	£ <input type="text"/>
Investment income	£ <input type="text"/>	£ <input type="text"/>
Maintenance	£ <input type="text"/>	£ <input type="text"/>
Mortgage subsidy	£ <input type="text"/>	£ <input type="text"/>
Nursing banks	£ <input type="text"/>	£ <input type="text"/>
Shift allowance	£ <input type="text"/>	£ <input type="text"/>
Town, area or car allowance	£ <input type="text"/>	£ <input type="text"/>
Trust income	£ <input type="text"/>	£ <input type="text"/>
Working Tax credit	£ <input type="text"/>	£ <input type="text"/>
Attendance allowance	£ <input type="text"/>	£ <input type="text"/>
Industrial Injuries Disability allowance	£ <input type="text"/>	£ <input type="text"/>
Child Tax credit	£ <input type="text"/>	£ <input type="text"/>
Pension, please specify	<input type="text"/>	<input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
Benefit, please specify	<input type="text"/>	<input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
Total Income	£ <input type="text"/>	£ <input type="text"/>

If Self-employed please insert the figures for the last three years together with a projected figure for the current year.

	Projection	Year ending Month Year	Year ending Month Year	Year ending Month Year
Gross profit – 3 years				
Net profit – 3 years				
Applicants share of net profit / dividend				
Applicants salary if controlling Director				
Trading style (e.g. sole trader, partnership)?	<input type="text"/>		<input type="text"/>	

Section 5b: Self-certification

This section should only be completed by applicants self-certifying their income.

IMPORTANT: If you hold more than 33% of shares in your company, we will assess your application on a self-employed basis. Please breakdown income as per categories listed. Please note all income listed will be included in the income multiples.

	First Applicant	Joint Applicant
PAYE Basic income	£ <input type="text"/>	£ <input type="text"/>
PAYE overtime	£ <input type="text"/>	£ <input type="text"/>
PAYE bonus	£ <input type="text"/>	£ <input type="text"/>
PAYE commission	£ <input type="text"/>	£ <input type="text"/>
Latest year net profit share / income	£ <input type="text"/>	£ <input type="text"/>
Pension	£ <input type="text"/>	£ <input type="text"/>
Maintenance	£ <input type="text"/>	£ <input type="text"/>
Investments	£ <input type="text"/>	£ <input type="text"/>
Benefits	£ <input type="text"/>	£ <input type="text"/>
Rental *	£ <input type="text"/>	£ <input type="text"/>
Mortgage subsidy	£ <input type="text"/>	£ <input type="text"/>
Nursing banks	£ <input type="text"/>	£ <input type="text"/>
Shift allowance	£ <input type="text"/>	£ <input type="text"/>
Town, area or car allowance	£ <input type="text"/>	£ <input type="text"/>
Additional job	£ <input type="text"/>	£ <input type="text"/>
Trust income	£ <input type="text"/>	£ <input type="text"/>
Total Income	£ <input type="text"/>	£ <input type="text"/>

*Rental income declared must be net of all investment mortgage payments.

Section 6: Risks

	First Applicant	Joint Applicant
Have any applicants had credit problems in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ever had any CCJs or defaults?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ever fallen into arrears on any mortgage or debt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ever had a property repossessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ever been declared bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ever had an Individual Voluntary Arrangement (IVA) registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered Yes to any of the above questions, please provide full details in Section 7 – **Additional Information**.

Section 7 : Additional information

Please use this section if you need space to provide fuller answers to any of the earlier questions.

Please enter the section number in the left hand column next to your answer and draw a line under your answer if you enter responses to further questions.

If you need more space, please use additional sheets of paper as necessary.

Section Number	Your Answer



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Registered Office: The Mound, Edinburgh EH1 1YZ.

YOUR HOME MAY BE REPOSSESSED IF YOU DO NOT KEEP UP REPAYMENTS ON YOUR MORTGAGE