

Mortgage Pre-enquiry Form

Declaration

I/We confirm I/we have provided information to the best of my/our knowledge and belief, and confirm I/we have received, read and understood the Terms of Business and Privacy Notice provided.

I/We understand that the information contained in this and other supplementary documents will be treated in the strictest confidence and that any advice given has been based on the information disclosed and contained in this form.

Direct Marketing

I/We consent to New Star Financial Management Ltd making contact with me by letter, phone, email, or SMS text in relation to the range of services provided by New Star Financial Management Ltd or its associated or partnership companies and to the sharing of relevant information as indicated.

If you wish to avail of our services, please tick here

1st Applicant Signature: _____

Date: _____

2nd Applicant Signature: _____

Date: _____

PLEASE POST OR EMAIL ALL COMPLETED PRE-ENQUIRY FORMS BACK TO:-

TARA WYLIE

New Star Financial Management Ltd

2nd floor, Blackhall Street,

Mullingar

Co. Westmeath

E: tara@newstarfm.ie

New Star Financial Management Ltd is regulated by the Central Bank of Ireland.

WARNING: Your home is at risk if you do not keep up payments on a mortgage or another loan secured on it. Unit Values may fall as well as rise.

Mortgage Pre-enquiry Form

Where did you hear about New Star Financial Management? _____

1. Personal Details

1st applicant, Name: _____

D.O.B: _____

Nationality: _____

Mobile Number: _____

Email Address: _____

Address: _____

Length of time at above address: Yrs: _____ Months: _____

If less than 3 years please provide previous address: - _____

Status: Single Married Separated

First Time Buyer (please circle) – Y / N

1.1 Office use only

2nd applicant, Name: _____

D.O.B: _____

Nationality: _____

Mobile Number: _____

Email Address: _____

Address: _____

Length of time at above address: Yrs: _____ Months: _____

If less than 3 years please provide previous address: - _____

Status: Single Married Separated

First Time Buyer (please circle) – Y / N

1.2 Office use only

2. Current Residential Status

1st Applicant

Renting Living at parental home Existing home owner

If Renting – how much per month? € _____

Rent payment: Standing Order Cash Online transfer

2nd Applicant

Renting Living at parental home Existing home owner

If Renting – how much per month? € _____

Rent payment: Standing Order Cash Online transfer

2 Office use only

3. Dependents

1st Applicant

Number of children _____ Current ages _____

Monthly Childcare Costs € _____ Standing Order Cash

Monthly Child Benefit payment € _____ Paid Where? _____

Maintenance Y / N Monthly Amount: € _____ Paid How? _____

Signed Separation agreement Y / N Voluntary Court Order

2nd Applicant

Number of children _____ Current ages _____

Monthly Childcare Costs € _____ Standing Order Cash

Monthly Child Benefit payment € _____ Paid where? _____

Maintenance Y / N Monthly Amount: € _____ Paid How? _____

Signed Separation agreement Y / N Voluntary Court Order

3. Office use only

4. EMPLOYMENT

1st Applicant

Occupation (state full title): - _____

Name & Address of Employer:- _____

PPS NUMBER: _____ Length of service: Yrs: _____ Months: _____

Permanent Contract Full-time Part-time

Gross Basic Annual Income? € _____

Pension Contribution deducted each week / fortnight / month € _____

If **Self-employed** please complete the following:

YEAR	NET PROFIT	FORM 11	CHAPTER 4

4.1 Office use only:

Salary cert:

EDS:

Payslips:

OTE:

2nd Applicant

Occupation (state full title): - _____

Name & Address of Employer:- _____

PPS NUMBER: _____ Length of service: Yrs: _____ Months: _____

Permanent Contract Full-time Part-time

Gross Basic Annual Income? € _____

Pension Contribution deducted each week / fortnight / month € _____

If **Self-employed** please complete the following:

YEAR	NET PROFIT	FORM 11	CHAPTER 4

4.2 Office use only:

Salary cert:

EDS:

Payslips:

OTE:

5. LOANS

1st Applicant

Amount Outstanding € _____

Current Monthly Repayment: € _____

Remaining Term: _____

Provider: _____

Reason for loan _____

2nd Applicant

Amount Outstanding € _____

Current Monthly Repayment: € _____

Remaining Term: _____

Provider: _____

Reason for loan _____

5. Office use only

6. CREDIT CARDS

1st Applicant

Credit Limit € _____

Amount Outstanding € _____

Amount Repaid each month € _____ Cleared in full?

2nd Applicant

Credit Limit € _____

Amount Outstanding € _____

Amount Repaid each month € _____ Cleared in full?

6. Office use only

7. SAVINGS

Please list all details separately below for EACH savings account held:-

1st applicant -

Where savings are held?	Current amount saved?	Amount saved each month?

2nd applicant -

Where savings are held?	Current amount saved?	Amount saved each month?

TOTAL SAVINGS: € _____

Have you a gift (sum of money) available from a parent or sibling? € _____

7. Office use only

8. EXISTING MORTGAGE DETAILS

1st applicant -

Original Amount Borrowed: € _____

Amount O/standing now: € _____

Term Remaining: Yrs: _____ Months: _____

Rate: % _____

Repayment: € _____

Lender: _____

Apx Value of Property: € _____

If to be rented,
achievable rental income € _____

2nd applicant -

Original Amount Borrowed: € _____

Amount O/standing now: € _____

Term Remaining: Yrs: _____ Months: _____

Rate: % _____

Repayment: € _____

Lender: _____

Apx Value of Property: € _____

If to be rented,
achievable rental income € _____

8. Office use only

9. BUILD INFO DETAILS

Confirmation of Square footage: _____

Cost of Construction: € _____

Does the costings include Contingency? Y / N If so, how much? € _____

Cost of works to date that can be substantiated by receipts € _____

Is anything owing on the site purchase? Y / N € _____

Apx value of site € _____

Gifted site Y / N If Yes, donor name _____

Address of site: _____

Fixed Price Contract

Direct Labour:

When does FPP expire: _____

Type/Style of house: _____

No. of Bedrooms: _____

Acreage of site: _____

Approx value upon completion if known: € _____

Who is architect/engineer: _____

9. Office use only

10. FACT-FIND REVIEW

The purpose of this part of the questionnaire is to clarify your financial needs, and to assist us to advise you in relation to certain financial products, including life assurance and serious illness cover.

1st applicant

2nd applicant

Smoker

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Health/Family Health

--	--

Existing Life Assurance Cover

--	--

Existing Serious Illness or Income Insurance Cover

--	--

Is price an important factor for you?

--	--

Do you have a preference for a particular insurer?

--	--

Do you require this product to be put in place immediately?

--	--

Have you made a will?

--	--

MEETING NOTES – FOR OFFICIAL OFFICE USE ONLY

Date

	<u>SUMMARY & RECOMMENDATIONS</u>

