



# SKIPTON INTERNATIONAL LIMITED

## M O R T G A G E   A P P L I C A T I O N   ( G U E R N S E Y )   F O R M

Please complete all sections of this form using BLOCK CAPITALS and tick boxes as appropriate. Please use BLACK INK. Please note failure to complete all sections may result in your application being delayed.

### WHERE DID YOU FIND OUT ABOUT SKIPTON INTERNATIONAL LIMITED (SIL)?

PLEASE TICK RELEVANT BOX:

<input type="checkbox"/>	NEWSPAPER/MAGAZINE	Which one?	<input type="text"/>
<input type="checkbox"/>	ADVERTISEMENT	Where did you see/hear it?	<input type="text"/>
<input type="checkbox"/>	EXISTING SIL CUSTOMER	Mortgagor or investor?	<input type="text"/>
<input type="checkbox"/>	FINANCIAL ADVISER - WHO?	<input type="text"/>	MAILSHOT <input type="checkbox"/>
			FAMILY/FRIEND RECOMMENDATION <input type="checkbox"/>
			INTERNET <input type="checkbox"/>

### SECTION 1 – PERSONAL DETAILS

**Data Protection Notice** - For the purposes of the Data Protection (Bailiwick of Guernsey) Law 2001 Skipton International Limited (SIL) will be the data controller responsible for the processing of your data in relation to your mortgage application, the ongoing operation of your mortgage account (if your application is approved), assessment of the performance of your account and after redemption of the mortgage for statutory, regulatory, accounting, auditing or other lawful requirements. We may also use your information to develop products and services that may be of interest to you in the future. We will not keep your data longer than necessary. Your data may include "sensitive information". The Act defines "sensitive information" as information about your racial or ethnic origin, political opinions, religious beliefs or beliefs of a similar nature, trade union membership, physical or mental health condition, sexual life, criminal record, pending court proceedings or sentence or any alleged offence.

#### FIRST APPLICANT

1. TITLE: MR/MRS/MISS/OTHER  SURNAME

FORENAME(S)

PREVIOUS/MAIDEN NAME(S)

DATE OF BIRTH

2. PRESENT ADDRESS

POSTCODE

HOW LONG AT THIS ADDRESS  YEARS  MONTHS

HOME TELEPHONE NO.

WORK TELEPHONE NO.

MOBILE TELEPHONE NO.

EMAIL ADDRESS

PREFERRED METHOD OF CONTACT HOME  MOBILE  WORK  EMAIL

#### SECOND APPLICANT

1. TITLE: MR/MRS/MISS/OTHER  SURNAME

FORENAME(S)

PREVIOUS/MAIDEN NAME(S)

DATE OF BIRTH

2. PRESENT ADDRESS

POSTCODE

HOW LONG AT THIS ADDRESS  YEARS  MONTHS

HOME TELEPHONE NO.

WORK TELEPHONE NO.

MOBILE TELEPHONE NO.

EMAIL ADDRESS

PREFERRED METHOD OF CONTACT HOME  MOBILE  WORK  EMAIL

**FIRST APPLICANT**

**3. MARKETING CONSENT**

I consent to receiving details of other products and services and confirm that I understand that:

- I can request **not** to receive any details from SIL about its own or Skipton Group products by writing to it at P O Box 509, Fairbairn House, Rohais, St Peter Port, Guernsey, GY1 6DS, or by ticking this box: Applicant 1
- the information provided in this application may be shared by SIL with other companies within the Skipton Group (a list of which is available on request) for marketing purposes. I understand that I may request SIL **not** to share my personal details with these companies by writing to it at P O Box 509, Fairbairn House, Rohais, St Peter Port, Guernsey, GY1 6DS, or by ticking this box: Applicant 1
- I can request **not** to receive any details by telephone about SIL's products by writing to it at P O Box 509, Fairbairn House, Rohais, St Peter Port, Guernsey, GY1 6DS at any time, or by ticking this box: Applicant 1
- I **consent** to receiving details of SIL's products and services by email: Applicant 1

4. Marital Status: CIVIL PARTNERSHIP  DIVORCED   
MARRIED  SEPARATED  SINGLE  WIDOWED

5. Present housing details:

OWNER  LIVING WITH PARENTS  TENANT

OTHER (please specify)

EXPECTED RETIREMENT AGE

Are you a first time buyer? YES  NO

6. If separated or divorced, has financial settlement been arranged? YES  NO

7. NUMBER OF DEPENDANTS  AGES:

YOUR PLACE OF BIRTH

COUNTRY

TOWN

NATIONALITY

8. PREVIOUS ADDRESS IF LESS THAN 5 YEARS AT PRESENT ADDRESS

POSTCODE

HOW LONG AT THIS ADDRESS YEARS MONTHS

Please note details of additional addresses lived at during the past five years below.

\_\_\_\_\_  
\_\_\_\_\_

9. Please give the names of all other persons over the age of 18 (at the time of completion) who will be living at the property:

**SECOND APPLICANT**

**3. MARKETING CONSENT**

I consent to receiving details of other products and services and confirm that I understand that:

- I can request **not** to receive any details from SIL about its own or Skipton Group products by writing to it at P O Box 509, Fairbairn House, Rohais, St Peter Port, Guernsey, GY1 6DS, or by ticking this box: Applicant 2
- the information provided in this application may be shared by SIL with other companies within the Skipton Group (a list of which is available on request) for marketing purposes. I understand that I may request SIL **not** to share my personal details with these companies by writing to it at P O Box 509, Fairbairn House, Rohais, St Peter Port, Guernsey, GY1 6DS, or by ticking this box: Applicant 2
- I can request **not** to receive any details by telephone about SIL's products by writing to it at P O Box 509, Fairbairn House, Rohais, St Peter Port, Guernsey, GY1 6DS at any time, or by ticking this box: Applicant 2
- I **consent** to receiving details of SIL's products and services by email: Applicant 2

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MARRIED  SEPARATED  SINGLE  WIDOWED

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OTHER (please specify)

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HOW LONG AT THIS ADDRESS YEARS MONTHS

Please note details of additional addresses lived at during the past five years below.

\_\_\_\_\_  
\_\_\_\_\_

9. Please give the names of all other persons over the age of 18 (at the time of completion) who will be living at the property:

**FIRST APPLICANT**

**10. EMPLOYMENT DETAILS**

a. EMPLOYED  OTHER  SELF-EMPLOYED   
 STUDENT  RETIRED

If other please state

b. Occupation

c. Name, address and telephone number of employer, or if self-employed, the business address and telephone details:

POSTCODE TEL. NO.

d. Length of employment  YEARS

e. Is it permanent? YES  NO

f. Are You Employed FULL TIME  PART TIME

g. Nature of business, if self employed

h. Are you under redundancy notice YES  NO

**11. Name and address of accountant if self-employed:**

POSTCODE TEL. NO.

**12. If self employed:**

How long have you been trading

What is your % share holding

What is your registered number

**13. If length of employment is less than 2 years, please give previous employment details:**

a. occupation

b. Name, address and telephone number of employer, or if self-employed, the business address and telephone details:

POSTCODE TEL. NO.

c. Nature of business

d. Length of employment  YEARS

**14. INCOME**

Please state currency in which you are paid

Basic salary, or if self-employed, net income  P.A.

Regular bonus  P.A. Other income  P.A.

Regular overtime  P.A. Mortgage/rent subsidy  P.A.

TOTAL  P.A.

**SECOND APPLICANT**

**10. EMPLOYMENT DETAILS**

a. EMPLOYED  OTHER  SELF-EMPLOYED   
 STUDENT  RETIRED

If other please state

b. Occupation

c. Name, address and telephone number of employer, or if self-employed, the business address and telephone details:

POSTCODE TEL. NO.

d. Length of employment  YEARS

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g. Nature of business, if self employed

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**11. Name and address of accountant if self-employed:**

POSTCODE TEL. NO.

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How long have you been trading

What is your % share holding

What is your registered number

**13. If length of employment is less than 2 years, please give previous employment details:**

a. occupation

b. Name, address and telephone number of employer, or if self-employed, the business address and telephone details:

POSTCODE TEL. NO.

c. Nature of business

d. Length of employment  YEARS

**14. INCOME**

Please state currency in which you are paid

Basic salary, or if self-employed, net income  P.A.

Regular bonus  P.A. Other income  P.A.

Regular overtime  P.A. Mortgage/rent subsidy  P.A.

TOTAL  P.A.

**FIRST APPLICANT**

Source of other income

If self-employed SIL will normally require 2 years' audited accounts.

15. What is your Guernsey residential qualification?

Local  Licence  Open

If a licence is held, please state the term on the current licence.

**SECOND APPLICANT**

Source of other income

If self-employed SIL will normally require 2 years' audited accounts.

15. What is your Guernsey residential qualification?

Local  Licence  Open

If a licence is held, please state the term on the current licence.

**A L L A P P L I C A N T S**

16. Please list your regular monthly outgoings

MORTGAGE/RENT

HOUSE INSURANCE

PENSIONS/SAVINGS

LOANS & CREDIT CARDS (please specify below)

SCHOOL FEES

LIFE ASSURANCE

UTILITIES eg. Water/Electricity

CHILD/FORMER SPOUSE MAINTENANCE

OTHER SIGNIFICANT COSTS

**TOTAL**

**LOANS AND CREDIT CARDS**

Company (ie name, address and tel no.) Please state if loans are for 1st, 2nd or joint applicants for each loan	Original value (£)	Outstanding term	Balance owing (£)	Monthly repayment (£)	Date of final payment	Purpose of loan	To be repaid?

**FIRST APPLICANT**

17. Do you have another mortgage or secured loan on your existing property? YES  NO

If yes, enter details above and indicate if the loan will be repaid on or before completion of your mortgage.

18. Have you ever made arrangements with creditors or been made bankrupt or is there such action pending? YES  NO

19. Have you ever had any court judgements against you? YES  NO

20. Have you ever (voluntarily or otherwise) had a property re-possession by a lender or entered into any arrangement for mortgage arrears? YES  NO

21. Have you ever had a request for a mortgage refused? YES  NO

**SECOND APPLICANT**

17. Do you have another mortgage or secured loan on your existing property? YES  NO

If yes, enter details above and indicate if the loan will be repaid on or before completion of your mortgage.

18. Have you ever made arrangements with creditors or been made bankrupt or is there such action pending? YES  NO

19. Have you ever had any court judgements against you? YES  NO

20. Have you ever (voluntarily or otherwise) had a property re-possession by a lender or entered into any arrangement for mortgage arrears? YES  NO

21. Have you ever had a request for a mortgage refused? YES  NO

*If the answer is YES to 18, 19, 20 or 21 please give details on a separate sheet of paper.*

## SECTION 2 - THE PROPERTY

22. What is the agreed price of the property? £

23. How much do you wish to borrow? £

24. Is the purpose of the mortgage to:  
 Buy a new property  Buy to let  Equity release   
 Refinancing an existing mortgage (if so, please complete Section 6)  Self-build

25. Over how many years?  YEARS

26. Is the property registered? Local  Open

27. Which type of mortgage do you require?  
 Repayment  Interest only  Part repayment/  
 part interest only

Where part repayment and part interest only please state the amount you require on an interest only basis £

28. SIL product required

29. If any part is interest only please indicate the repayment vehicle(s)?  
 Endowment  Inheritance   
 Other  Over-payments   
 Pension  Sale of assets   
 Sale of property  Savings   
 Stocks and Shares  Unit Trusts

If other please state

30. For self-build only:  
 Initial loan £   
 Estimated build costs £

31. For buy to let only:  
 Anticipated monthly income £   
 Number of buy to lets held   
 Is the property already let YES  NO

32. For remortgage cases:  
 How much is required to repay your outstanding mortgage £   
 How much is required for home improvements £

Please provide a breakdown of how much is required for each element, eg kitchen, extension  
 \_\_\_\_\_  
 \_\_\_\_\_

How much is required to repay loans for home improvements £   
 Please provide a breakdown of how much is required for each element, eg kitchen, extension  
 \_\_\_\_\_  
 \_\_\_\_\_

33. Address of property (including postcode)

34. Approximate date the property was built

35. Please state the type of property.  
 GUERNSEY HOUSE  GUERNSEY FLAT

36. Please state construction type  
 STANDARD  TIMBER FRAMED  CONCRETE BLOCK   
 THATCHED  GRANITE

37. Please list the number of:  
 BATHROOMS  BEDROOMS   
 GARAGE/PARKING SPACES  KITCHENS   
 OUTBUILDINGS  RECEPTION ROOMS   
 WCs  OTHER

38. Property Declarations  
 If not buy to let: Will any part of the property be used for purposes other than own residence?  
 (If yes, please answer the next question) YES  NO   
 Will residential use exceed 40%?  
 (Please provide details below.) YES  NO

\_\_\_\_\_

\_\_\_\_\_

39. Is vacant possession of the property being obtained on completion? YES  NO   
 (Please provide details below.)

\_\_\_\_\_

\_\_\_\_\_

Do you intend to occupy the property immediately on completion? (Please provide details below.) YES  NO

\_\_\_\_\_

\_\_\_\_\_

40. If buy to let: Will any occupier be a family member? YES  NO   
 Will the property be let on a multiple occupancy basis? YES  NO   
 If yes, please state the number of tenancies

41. Will you be providing all the monies required in addition to this loan to enable you to purchase the property? YES  NO   
 If no, please state amount and source of deposit £   
 source

42. Will any additional borrowing be secured on the property as a second charge? YES  NO

43. Are any incentives/discounts being offered by the developer/vendor? YES  NO

If yes, please provide details

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44. Name of your advocate:

45. Building Insurance details

Please state the following details of your existing policy:

Company:

Policy number:

Please tick the box if you wish us to arrange an appointment to see a local Independent Financial Adviser for a no obligation consultation.

46. Life assurance details

We strongly recommend that you arrange and maintain adequate life cover throughout the term of the mortgage to ensure that it will be repaid in the event of your death. If the loan is being taken out on an interest only basis for example, it is your responsibility to make sure that you have an adequate investment plan (for example, endowment policy) which will be sufficient to repay the loan at the end of the term.

Please tick the box if you wish us to arrange an appointment to see a local Independent Financial Adviser for a no obligation consultation.

If you already have a policy in place, please provide the details of your life assurance policy:

Company:

Policy number:

Amount of cover:

47. Name of your surveyor:

Please state the type of valuation you have requested:

A mortgage valuation for SIL's use

A house-buyer's report

What is the anticipated completion date?

48. Name of estate agent involved in your proposed purchase or details of who to contact in order to gain access to the property:

49. Are you selling an existing property? YES  NO

50. If so, please give the address (including the postcode)

POSTCODE

51. What price do you anticipate realising from the sale? £

52. What is the anticipated sale date?

53. In addition to the property you are selling, do you currently own any other property? YES  NO

54. If so, please state:

ADDRESS

POSTCODE

APPROXIMATE VALUE £

MORTGAGE OUTSTANDING £

EXISTING MONTHLY REPAYMENT £

### SECTION 3 - CUSTOMER IDENTIFICATION & VERIFICATION OF INCOME

55. SIL requires the following documentation for each applicant:

	FIRST APPLICANT	SECOND APPLICANT
Original or certified copy of passport or full valid Guernsey or Jersey driving licence;	<input type="checkbox"/>	<input type="checkbox"/>
Original or certified copy of marriage certificate (if applicable);	<input type="checkbox"/>	<input type="checkbox"/>
Latest salary slip, or, if self-employed, your latest 2 years' signed finalised accounts;	<input type="checkbox"/>	<input type="checkbox"/>
Latest 3 full months' bank statements (for all accounts held);	<input type="checkbox"/>	<input type="checkbox"/>
Latest mortgage statement, covering a 12 month period;	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Housing Licence;	<input type="checkbox"/>	<input type="checkbox"/>
Current building insurance details;	<input type="checkbox"/>	<input type="checkbox"/>
Tenancy agreement, if rented;	<input type="checkbox"/>	<input type="checkbox"/>
Landlord's insurance, if rented;	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Right to work letter;	<input type="checkbox"/>	<input type="checkbox"/>
Utility bill, excluding mobile phone bill (no more than 3 months old);	<input type="checkbox"/>	<input type="checkbox"/>
Environmental consent, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>

Please tick to indicate enclosed documents. All originals supplied will be returned to you directly.

### SECTION 4 - DECLARATION

Thank you for completing this form - please read the following declaration before signing this application.

I apply for a loan, which I understand will be secured on my property, on the basis of the information I have supplied.

I consent to SIL at any time transferring or otherwise disposing of the benefit of any loan, mortgage or any other security for the loan to any third party, whether or not a building society or associated body of a building society, without any further reference to me.

I declare that:

- I am over 18 years of age;
- there are no existing loans or mortgages in my name with SIL or any other lender other than declared on this application form;
- I have never been convicted of any criminal offence nor is any prosecution pending, excluding motoring or "spent" offences by virtue of the Rehabilitation of Offenders (Bailiwick of Guernsey) Law 2002;
- any person interested now or in the future in the loan may rely upon the truth and accuracy of the information given and in any supporting documentation or information supplied by me;
- if any of the information I have given changes before the mortgage is completed, I shall advise SIL immediately.

## APPLICATION COSTS AND SURVEYOR'S REPORT AND VALUATION

I acknowledge that SIL reserves the right to reject my application without giving any reason.

I authorise SIL to obtain a surveyor's report on the property offered as security at my expense. I accept this in the event of the facility not proceeding to completion for whatever reason, I will be solely responsible for all legal, survey and other costs of whatever nature incurred by SIL or its adviser in connection herewith.

## YOUR PERSONAL DATA

I consent to SIL using and disclosing the information contained in my application form and about my account in the following ways:

- passing the surveyor's report to any other firm of valuers or surveyors if any further inspection or re-valuation is required at any time;
- using particulars in this application, any supporting documents or information whether relating to the property or not, the mortgage and conduct of the mortgage account and any information or documentation involving me or the property (which may include sensitive information) for initial and ongoing credit assessment purposes and in connection with the taking out of the mortgage, operation and statistical analysis of my mortgage account and to the passing of this information to SIL's agents and third party processors if this is necessary for any of these purposes. Data may be transferred to any country including countries outside the European Economic Area for any of these purposes and for systems administration. I further consent to SIL passing the same to any transferee, potential transferee, guarantor, potential guarantor of the mortgage or their legal or mortgage intermediary;
- referring to my employees or accountants for confirmation of income;
- passing any details relating to the mortgage application up to and including completion of the loan to any mortgage intermediary who introduced my application to SIL;
- information on undisputed personal debts which are in default and where no satisfactory proposals for repayment have been received by SIL following formal demand, being passed to a credit reference agency;
- (in the event the property to be mortgaged is repossessed by SIL) information being passed to a credit reference agency;
- to make enquiries of authorised referees and licensed credit reference agencies who will supply SIL with credit information, as well as information from the Electoral Register. The agencies will record details of the search whether or not this application proceeds;
- to prevent or detect fraud, or to assist in verifying my identity, SIL may make searches of Skipton Group records and at fraud prevention agencies who will supply information. SIL may also pass information to financial and other organisations involved in fraud prevention to protect it and its customers from theft and fraud. SIL, members of the Skipton Group, and other companies may use this information if decisions are made about me or others at my address(es) on credit or credit-related services or motor, household, credit, life or any other insurance facilities. It may also be used for tracing and claims assessment;
- 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;
- using my information to help develop and improve the products and services offered to me and other customers. SIL may also share information with other companies within the Skipton Group to help provide me with a high standard of service, (for example administrative purposes).

I understand that:

- information held about me by the Credit Reference Agencies may already be linked to records relating to one or more of my partners. For the purposes of this application we may be treated as financially linked and my application will be assessed with reference to any "associated" records of my partners. By stating a financial association with another party, I also declare that SIL is entitled to disclose information about my joint applicant and/or anyone else referred to by me; and search, link and/or record information at credit reference agencies about me and/or anyone else referred to by me;
- an "association" between joint applicants and/or any individual identified as my financial partner, will be created at credit reference agencies, which will link our financial records. I and anyone else with whom I have a financial link understand that each other's information will be taken into account in all future applications by

either or both of us. This linking will continue until one of us successfully files a "disassociation" at the credit reference agencies.

## DATA ACCESS

I understand that:

- with limited exceptions I can request in writing, upon payment of a fee, details which are held about me by SIL and where necessary rectify the information that is held about me;
- I have the right of access to my personal records held by credit and fraud agencies. SIL will supply their names and addresses upon request.

I confirm that I have read all answers including those completed in other than my own handwriting and confirm that all answers are correct and complete. To the best of my knowledge and belief the statements in these Declarations are true and correct.

I authorise you to take up references and check my identity in such ways that are deemed necessary.

I understand that where the term takes me to beyond retirement age it is my responsibility to ensure I have sufficient funds to maintain payments to the end of the term.

I understand a Tariff of Charges is available on request.

I understand that if my application is self-certified I confirm that my income is as stated in this application form and that the particulars given in this form are accurately stated and complete to the best of my knowledge and belief.

## SECTION 5 - SIGNATURE AND AUTHORITY TO OBTAIN REFERENCES/INFORMATION AND PROCESS DATA

Please ensure you have carefully read all the declarations in section 4 before signing below.

It is important that you read and understand the section entitled "Marketing Consent" and "Your Personal Data". By signing this application, you agree that we can use your information as described.

I hereby authorise and request you to provide Skipton International Limited with any information they may require.

Signature(s) of applicant(s):

Do not forget to complete the Direct Debit Mandate at the end of this form.

1. \_\_\_\_\_ Dated: \_\_\_\_\_  
2. \_\_\_\_\_ Dated: \_\_\_\_\_

## SECTION 6 - THIRD PARTY AUTHORITY

Please complete if remortgaging and detail your existing provider.

To:

I/We authorise and request you to release any information in your possession relating to my/our application for a mortgage from SIL, including copies of any documents and details of the up to date position to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Tel. number (inc. code): \_\_\_\_\_

Name of Applicant(s): \_\_\_\_\_

Signature(s) \_\_\_\_\_

Date: \_\_\_\_\_

This authority will remain in force until cancelled by me/us in writing.  
*NB: all applicants must sign.*

