

BTL Enquiry Form

APPLICATION DETAILS

		Bro	ker		
Name:			Company:		
Borrowing Entity:	Personal	CLtd	◯ Trust		O Partnership
Where lending is to a Ltd 0	Co/LLP please provide	e name of co	mpany:		
Purpose of Mortgage:			ortgage	Transfer of Equ	ity
		Loan I	Details		
Loan amount / LTV required: Purpose of loan:					
	F	Product Re	quirements		
Loan Term Required:					
Repayment Type: O Inter	rest Only 🔵 Repa	yment	Rate Type Requ	ired: O Fixed F	Rate O Tracker/Variable

APPLICANT DETAILS

Appl	icant	1
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Full Name:	Date of Birth:
Address (3 years address history):	
Personal Income (£):	Occupation:
Contact Tel. Number:	
How many BTL properties owned?	
How many commercial properties owned?	
How many years letting experience?	
Does applicant own a residential property? O Yes	No
Residential status O Homeowner O Tenant O Living w	/ith Family

Charleston Financial Services Limited is authorised and regulated by the Financial Conduct Authority No. 513260 Registered in England and Wales no: 07038315. Registered Office: 3mc Middlemarch Business Park, Siskin Drive, Coventry, England, CV3 4FJ



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APPLICANT DETAILS (continued)

Applicant 2	2
Full Name:	Date of Birth:
Address (3 years address history):	
Personal Income (£):	Occupation:
Contact Tel. Number:	
How many BTL properties owned?	
How many commercial properties owned?	
How many years letting experience?	
Does applicant own a residential property? O Yes	◯ No
Residential status O Homeowner O Tenant O Living w	ith Family

EX-PAT

Applicant 1

Country of Residency:	Nationality:	
Occupation:	Income (UK taxed and UK equivalent):	
Number of UK Properties Owned:	Number of properties with mortgages for more than 12 months:	
	Applicant 2	
Country of Residency:	Nationality:	
Occupation:	Income (UK taxed and UK equivalent):	
Number of UK Properties Owned:	Number of properties with mortgages for more than 12 months:	

SECURITY DETAILS

Security Address:	
Property Value/Purchase Price:	
Current Mortgage Balance (Remortgage):	
Current Lender (Remortgage):	Current monthly mortgage payment:
Client ever resided in property? O Yes O No	BTL Type (Flat/House/Studio):
C Leasehold C Freehold	Above commercial unit? O Yes O No

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SECURITY DETAILS (continued)

High rise? (how many sto	ries, is the	re a lift, what floor	is security on?):			
Ex Local?	⊖ Yes	◯ No	EPC Rating:			
Multi unit? (how many un	its in bloc	k and size):		Date Purchase	d:	
Rental Income:			Currently let?	⊖ Yes	◯ No	
Tenant type (working profe	es-sionals, [DSS tenants, etc):				
Single AST, Multiple AST	's?					

ADDITIONAL INFORMATION

Deposit source (Purchases):

Credit history – any CCJs/ Defaults/missed payments – if yes provide details:

Additional information – please provide any further details relating to the enquiry:

I confirm that the information contained within this application is true and correct to the best of my knowledge. I have the client's authority to share this information.

I have advised the applicant(s) that a formal credit search may be carried out in their name(s) with credit reference agencies who will record details of the search and may create a financial association with those with whom they are linked financially. The applicant(s) has/have given authority to my company to instruct Charleston Financial to carry out a formal credit search and/or to instruct others to do so in connection with obtaining finance on their behalf.

If you do not have the applicants authority to carry out a credit search, please do not sign below. However you can still send the completed form back to us and we will provide indicative terms, which will be based on the assumption customer has clear credit, unless otherwise stated.

Signed by broker or applicant

Name:	Date:	
Signature:		