

ENQUIRY FORM -BUY TO LET/HMO 01329 277 599 info@vibefinance.co.uk

Introducer Full Name:	Campany Names	
	Company Name:	
Email Address:	Registered VIBE Partner?	
	Yes: No:	
Telephone Number:	Mobile Number:	
SECTION 1: ENTITY APPLYING FOR FINANCE		
DECTION I. ENTITY ALT ETHING FOR THANCE		
Personal Names:		
UK Limited Company/SPV Name:	Ltd Company No:	% Shareholding Split:
(Diagon provide company structure if complay)		
(Please provide company structure if complex). Offshore Company Name:	Country Based:	% Shareholding Split:
(Please provide company structure if complex).		
LLP: Name:		
Trust: Name: Trustees:	Beneficiarie	es:
(Personal details	to be provided on sections 2 & 3).	
SIPP/SSAS Name:		
SECTION 2: DEPSONAL DETAILS		
SECTION 2: PERSONAL DETAILS		
	Applicant 2	
Applicant 1	Applicant 2	Mrs Miss Ms
Applicant 1 Title (please tick applicable): Mr. Mrs. Mrs. Miss. Ms.	Title (please tick applicable): Mr.	Mrs. Miss. Ms.
Applicant 1		Mrs. Miss. Ms.
Applicant 1 Title (please tick applicable): Mr. Mrs. Miss. Ms. First Name (Inc middle name):	Title (please tick applicable): Mr. First Name (Inc middle name):	Mrs. Miss. Ms.
Applicant 1 Title (please tick applicable): Mr. Mrs. Mrs. Miss. Ms.	Title (please tick applicable): Mr.	Mrs. Miss. Ms.
Applicant 1 Title (please tick applicable): Mr. Mrs. Miss. Ms. First Name (Inc middle name): Surname:	Title (please tick applicable): Mr. First Name (Inc middle name): Surname:	
Applicant 1 Title (please tick applicable): Mr. Mrs. Miss. Ms. First Name (Inc middle name):	Title (please tick applicable): Mr. First Name (Inc middle name): Surname:	etirement Age
Applicant 1 Title (please tick applicable): Mr. Mrs. Miss. Ms. First Name (Inc middle name): Surname: NI Number Retirement Age Years	Title (please tick applicable): Mr. First Name (Inc middle name): Surname: NI Number Re	etirement Age Years
Applicant 1 Title (please tick applicable): Mr. Mrs. Miss. Ms. First Name (Inc middle name): Surname: NI Number Retirement Age	Title (please tick applicable): Mr. First Name (Inc middle name): Surname: NI Number Ro Date of Birth: H	etirement Age
Applicant 1 Title (please tick applicable): Mr. Mrs. Miss. Ms. First Name (Inc middle name): Surname: NI Number Retirement Age Years Date of Birth: Home Telephone Number:	Title (please tick applicable): Mr. First Name (Inc middle name): Surname: NI Number Re Date of Birth: H	etirement Age Years
Applicant 1 Title (please tick applicable): Mr. Mrs. Miss. Ms. First Name (Inc middle name): Surname: NI Number Retirement Age Years Date of Birth: Home Telephone Number:	Title (please tick applicable): Mr. First Name (Inc middle name): Surname: NI Number Re Date of Birth: H / / / dd/mm/yyyy	etirement Age Years ome Telephone Number:
Applicant 1 Title (please tick applicable): Mr. Mrs. Miss. Ms. First Name (Inc middle name): Surname: NI Number Retirement Age Years Date of Birth: Home Telephone Number:	Title (please tick applicable): Mr. First Name (Inc middle name): Surname: NI Number Re Date of Birth: H / / / dd/mm/yyyy	etirement Age Years
Applicant 1 Title (please tick applicable): Mr. Mrs. Miss. Ms. First Name (Inc middle name): Surname: NI Number Retirement Age Years Date of Birth: Home Telephone Number: dd/mm/yyyy Mobile Number: Marital Status:	Title (please tick applicable): Mr. First Name (Inc middle name): Surname: NI Number Re Date of Birth: H / / / dd/mm/yyyy	etirement Age Years ome Telephone Number: larital Status: (Single/married/divorced/seperated/living
Applicant 1 Title (please tick applicable): Mr. Mrs. Miss. Ms. First Name (Inc middle name): Surname: NI Number Retirement Age Years Date of Birth: Home Telephone Number: dd/mm/yyyy Mobile Number: Marital Status:	Title (please tick applicable): Mr. First Name (Inc middle name): Surname: NI Number Re Date of Birth: H / / / dd/mm/yyyy	etirement Age Years ome Telephone Number: larital Status:
Applicant 1 Title (please tick applicable): Mr. Mrs. Miss. Ms. First Name (Inc middle name): Surname: NI Number Retirement Age Years Date of Birth: Home Telephone Number: dd/mm/yyyy Mobile Number: Marital Status:	Title (please tick applicable): Mr. First Name (Inc middle name): Surname: NI Number Pate of Birth: / / dd/mm/yyyy Mobile Number: Mr. First Name (Inc middle name): But All Number Reconstructions of the surface of the surf	etirement Age Years ome Telephone Number: larital Status: (Single/married/divorced/seperated/living

SECTION 2: PERSONAL DETAILS CONTIN	UED		
Applicant 1		Applicant 2	
Nationality: Permanent rig	ht to reside in UK:		nt right to reside in UK:
Home Address:		Home Address:	
Postcode: Country:		Postcode: Country:	
Time at Address: Residential Status:		Time at Address: Residential Stat	us:
years months (Homeowner/tenant/livi	ng with parents).	years months (Homeowner/tei	nant/living with parents).
Previous Address (if less than 3 years at current address)		Previous Address (if less than 3 years at current add	
3 years address history required - please provide further address(es) under Se		3 years address history required - please provide further address(es) u	
Value (if homeowner): Mortgage Outstand		Value (if homeowner): Mortgage Outs	tanding:
Postcode: £ Country:		Postcode: Country:	
Postcode: Country:		Postcode: Country:	
Time at Address:		Time at Address:	
years months		years months	
How did you accumulate your wealth?		How did you accumulate your wealth?	
HAVE YOU EVER HAD ANY OF THE FOLLOWING REGISTERED AGAINST YOU OR A BUSINESS YOU ARE/WERE INVOLVED IN?	APPLICANT 1 YES NO	HAVE YOU EVER HAD ANY OF THE FOLLOWING REGISTERED AGAINST YOU OR A BUSINESS YOU ARE/WERE INVOLVED IN?	APPLICANT 1 YES NO
Had a Company Go Into Liquidation:		Had a Company Go Into Liquidation:	
Mortgage Arrears:		Mortgage Arrears:	
Defaults:		Defaults:	
County Court Judgements:		County Court Judgements:	
Declared Bankrupt:		Declared Bankrupt:	
Entered Into IVA/CVA:		Entered Into IVA/CVA:	
Missed Payments on Unsecured Credit:		Missed Payments on Unsecured Credit:	
Entered Into a Debt Management Plan:		Entered Into a Debt Management Plan:	
IF YOU HAVE ANSWERED YES TO	ANY OF THE ABOV	E PLEASE PROVIDE FULL DETAILS UNDER SECTION 9.	

SECTION 3: EMPLOYMENT DETAILS	
Applicant 1 EMPLOYMENT STATUS: Employed: Unemployed:	Applicant 2 EMPLOYMENT STATUS: Employed: Unemployed:
Retired: Self-employed: ARE YOU A:	Retired: Self-employed: ARE YOU A:
Basic Rate Taxpayer: Higher/Additional Rate Taxpayer:	Basic Rate Taxpayer: Higher/Additional Rate Taxpayer:
Gross Annual Income: £ £	Gross Annual Income: Other Annual Income:

SECTION 3: EMPLOYMENT DETAILS CONTINUED Applicant 2 Applicant 1 Business/Employer Name: Business/Employer Name: **Current Role: Current Role:** Source of Other Income: Source of Other Income: Type of Business: Type of Business: Time at Current Role (MM/YY): Time at Current Role (MM/YY): **SECTION 4: LOAN DETAILS** Total number of properties being used as security for this application: Loan Amount: Term: If more than 1 investment property owned please provide an up to date Property Portfolio Schedule. years £ Total Annual Rental Income (combined income if portfolio): Estimated Security Value (combined value if portfolio): Please enter the vacant possession value as this is the value that most lenders will use. REPAYMENT TYPE: Interest Only Capital Repayment Part Interest Only/Capital Repayment Repayment Vehicle: CR years years **Anticipated Completion Date:** Reason if urgent completion/tight deadline: dd/mm/yyyy **SECTION 5: LOAN PURPOSE PURCHASE** Deposit: Source: Any Links To Vendor? If YES please provide details on section 12. Yes: No: (Salary/inheritance/savings etc.) If gifted, please provide details of who from (relationship) & breakdown of deposit if part is being gifted: Selling Agent Name: **Contact Number:** If private sale, please advise how sale came about: Will you be managing the Have you ever lived in the security? security yourself? Yes: No: No: If security is not local to where you reside - please provide the reason for this particular purchase:

SECTION 5: LOAN PURPOS	SE REMORTGAGE			
Have you ever lived in the security?	Was the property inherited?	Do you manage the property yourself?	If no, do you use an	agent?
Yes: No:	Yes: No:	Yes: No:	Yes: No	: 🔲
Original Purchase Price:	Original Purchase D	oate: Mortgage Bala	ance:	
£		£		
Lender:	dd/mm/yyyy			
CAPITAL RAISE:				
Yes: No: Reason for Capital Raise:				
Reason for Capital Raise.				
Reason for the increase in value s and costings):	ince purchase (if you have und	ertaken works to the security plea	ase provide an explanation	on of the types of work

SECTION 6: ASSETS & LIABILITIES Applicant 2 Applicant 1 ASSETS ASSETS Value of main residence: Value of main residence: Value of other properties: Value of other properties: Savings: Savings: Stocks & shares: Stocks & shares: Other investments: Other investments: Please provide details of other personal assets. Please provide details of other personal assets. E.g. personal belongings of value: E.g. personal belongings of value: 1 £ £ 2 £ f 3 £ £ 5 £ 6 £ **TOTAL ASSETS: TOTAL ASSETS:** £ LIABILITIES LIABILITIES Residential mortgage balance: Residential mortgage balance: Portfolio mortgage balance: Portfolio mortgage balance: £ **Current overdraft facilities:** Current overdraft facilities: £ Credit card balances: Credit card balances: £ £ **Unsecured loans: Unsecured loans:** £ £ Please provide a breakdown of all unsecured credit balances (including Please provide a breakdown of all unsecured credit balances (including overdrafts, credit cards and hire purchase): overdrafts, credit cards and hire purchase): 2 3 4 5 6 **TOTAL LIABILITIES: TOTAL LIABILITIES:** £ **TOTAL NET VALUE**

TOTAL NET VALUE:

TOTAL NET VALUE:

SECTION 7: TYPE OF SECURITY				
BUY TO LET HMO				
Type of Property				
	End terrace:	Terraced:	Flat: Maisonette:	
No.bedrooms.				
If HMO please answer these questions, if not co	ntinue to the part be	ow applicable to both		
Is the property licenced?	YES NO	If no, when is the license	e expected to be granted?	٦
			YES N	10
If no - does it require a licence?		Is/will the property be le	t to students?	
If yes, will a licence be in place by completion?		If yes - is/will there be an	agreement with a local university?	
APPLICABLE TO BOTH BTL/HMO				
If security is a flat: How many flat:	s in the block:	What floor is securi	ty on:	
Is the flat above a Yes: No: commercial unit:	New build? Ye		s a New Build Yes: No: No: ty in place?	
	f yes, please advise %			
Ex-Local Authority?: Yes: No:	lock in private owner	snip.		
Do you plan on undertaking any works	f yes, please provide o	letails:		
to the security post completion?				7
Yes: No:				
SECTION 8: SECURITY DETAILS				
Security Address:		Postcode:		
Security Address.		1 ostcode.	England/Wales: Scotland:	
Drawatti Dossaintiani				
Property Description:				
When was the property constructed? Year				
Teal				
Tenure: Freehold: Leasehold:	7			
If leasehold, please advise years If le remaining on lease: the	easehold, do the appl freehold?	cants own any share of	If yes, is this personally or another entity?	
years Yes	s: N	o: 🔲		
	YES NO			
Is the property a listed building?				
Is the property of standard construction?		lf no please provide deta	ils on Section 12	
Is the correct planning in place for it's current us	e?	If no please provide deta	ils on Section 12	
Any known restrictions/covenants?		If yes, please provide det	ails on Section 12	0
Has the property been converted in the last 10 yo	ears?	If yes, are the appropriat	te building regs/warranties in place?	

SECTION 9: TENANT DETAILS				
ls the property currently let or vacant? Let: Vacant:	If vacant - will it be le	et on completion?	If no - how long do you anti	cipate until this is let?
Do any/will any relatives of our applicants reside in the security? Yes: No:	_	y relatives of our applica	ants occupy 40% or more of	the property?
Are there any tenants that could be classed as 'vulnerable'? Yes: No:	lf yes, please provide	e details:		
Are there any DSS tenants? Yes: No:	If yes, please provid	e details:		
Are there any regulated tenancies? Yes: No:	If yes, please provide	e details:		
Contact details for valuation inspection:	Name: Contact Number:			
SECTION 10: ACCOUNTANT DETAILS				
ACCOUNTANTS DETAILS:				
Companies Name:				
Companies realite.				
Accountants Name:				
Email:		Contact Number:		
SECTION 11: SOLICITORS DETAILS				
If the chosen lender offers Dual Representation	would you like to pro	ceed on a Dual Rep basi	is?	YES NO
If the answer is NO to the above question please	provide us with your so	olicitors details (if knowr	n):	
Firm Name:				
Calinitarya Namana				
Solicitors Name:				
Email:		Contact Number:		
		-		

SECTION 12: ADDITIONAL DETAILS		
Section:	Additional Information:	

DECLARATIONS I/we, the undersigned, declare that the replies to the questions contained in this application form and any supplementary application form(s) are true and complete in every respect to the best of my/our knowledge and understand that VIBE Financial Services Ltd has relied on the replies and may form the basis of any contract between me/us and the chosen lender. We also understand that VIBE will be sharing information within this form with lender(s) in relation to our mortgage application. I/we give our authority for a formal credit search to be undertaken and/or for VIBE to instruct others to do so in connection with our application. I/we hereby understand that VIBE Financial Services Ltd act solely as a credit broker and not as a lender. U/we agree, that VIBE Financial Services may use and share our information to prevent fraudulent activity. I/we have read and agree with VIBE Financial Services Limited Terms of Business. (contact us 01329 277599 if you require us to re-send our Terms of Business) I/we have read and agree with the <u>Client Privacy Policy</u> provided separately. We would like to maintain a record pf your express consent for us to contact you by post, telephone, SMS, email and instant messaging for marketing our products or services that we think may be of interst to you. Please indicate your consent to us contacting you by any of the means specified below: Post SMS Telephone Instant messaging (WhatsApp or similar) 🔲 I / We confirm that I / we are acting wholly or predominantly for business purposes and a property has been purchased with the sole intention of letting I/We have been made aware that Buy to Let mortgages entered into by the way of business are not regulated as a residential mortgage and therefore does not hold the additional level of consumer protection as for Consumer Buy to Let mortgages. I / We have been made aware that if I am / we are in any doubt as to the consequences of this agreement not being regulated then I / we should seek independent legal advice. You should seek separate legal and tax advice regarding your responsibilities of owning this type of property. Please note our service does not consider the suitability of you purchasing a Buy to Let property for business purposes. (If Company) signing for and on behalf of: **APPLICANT 1** Signature: Date: **Print Name:** dd/mm/yyyy **APPLICANT 2** Signature: Print Name: dd/mm/yyyy Broker Signing (on behalf of the customer) I, the undersigned, 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 provide VIBE with the information contained within this form. I have the authority to instruct VIBE Financial Services Ltd to carry out a formal credit search and/or to instruct others to do so in connection with obtaining finance on their behalf. The applicant(s) also fully understand that VIBE Financial Services Limited will be sharing information within this form with lender(s) in relation to this mortgage application. I confirm that I have provided the clients with VIBE Financial Services Limited's: Terms of Business Client Privacy Policy I also declare that the replies to the questions contained herein are true and complete in every respect to the best of my knowledge and I understand that they will be relied upon by, and may form the basis of any contract between, the applicant(s) and the chosen lender. Print name: Date consent received from customer: 1 1 dd/mm/yyyy Date: 1 1 **Broker Signature:** dd/mm/yyyy Company Name: