



**Eden Asset Finance Ltd**

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# CONFIDENTIAL CLIENT QUESTIONNAIRE

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## PLEASE CHECK AND SIGN

In order to provide you with the most suitable advice and recommendation, Eden require full details of your current financial situation. By completing all the sections of this questionnaire, Eden can ensure that our recommendations are appropriate for your requirements.

**Data Protection Act 1984**

All information provided to Eden regarding your personal and financial situation will be held on our computer records and files and will be treated in the strictest confidence. This information will only be used and/or passed onto third parties in connection with any mortgage and insurance enquiries/applications made on your behalf by Eden.

For Internal use only

Consultant

Personal Administrator

Source of Intro

Enquiry Date

Case Number

Phone Appt. Date

NEW MORTGAGE

YES / NO

INVESTMENT MORTGAGE

YES / NO

REMORTGAGE

YES / NO

FURTHER ADVANCE

YES / NO

**Section 1****PERSONAL DETAILS****CLIENT 1****CLIENT 2**

Title and Full Name

Male/Female

Marital Status

Do you have any dependants?  
(if yes, please confirm names and ages)

YES NO

  
  

YES NO

  
  

Smoker

YES NO

YES NO

Current Address

  
  
  
  
  
  

Postcode

Postcode

Time at this address

YEARS MONTHS

YEARS MONTHS

Status

OWNER  
RENTING  
please state rent £  
WITH PARENTSOWNER  
RENTING  
please state rent £  
WITH PARENTSPrevious Address  
(if less than three years  
at current property)  
  
  
  
  
  

Postcode

Postcode

Time at this address

YEARS MONTHS

YEARS MONTHS

Date of Birth

Age

Nationality

Contact Details

Work

Work

Home

Home

Mobile

Mobile

Fax

Fax

Email

Email

**Section 2****DETAILS OF EXISTING MORTGAGE**

	CLIENT 1		CLIENT 2	
Value of Current Property	£		£	
Mortgage Outstanding	£		£	
Current Lender	since		since	
Current Interest Rate	%		%	
Type of Current Loan and Period (Fixed, Capped, Discount, etc.)				
Are there currently any redemption penalties? (please give details)	YES	NO	YES	NO
Is your existing mortgage portable?	YES	NO	YES	NO

**Section 3****NEW MORTGAGE REQUIREMENTS**

Purchase Price / Valuation	£	
Total Deposit (Purchase Only)	£	
Source of Deposit		
New Mortgage Required	£	
Purpose of Additional Borrowing (if Remortgage / Further Advance)		
Type of Property	FREEHOLD	LEASEHOLD Length of Lease                      years
Address of Property to be Mortgaged	      	
	Postcode	
Selling Agent of Purchase Property	Contact Name of Firm Ad dress  Postcode Phone	
Solicitor's Details	Contact Name of Firm Ad dress  Postcode Phone    Fax DX    Email	

## Section 4

## OCCUPATION DETAILS

### CLIENT 1

### CLIENT 2

Status (Employed / Self Employed, etc.)

Occupation

Employers Name

Length of Employment

YEARS

MONTHS

YEARS

MONTHS

% of Shareholder  
(If Company Director)

%

%

Basic Salary /  
Share of Profit (If Self Employed)

£

per annum

£

per annum

Bonus / Commission / Overtime

£

per annum

£

per annum

Allowance / Subsidy

£

per annum

£

per annum

Other Income

£

per annum

£

per annum

Source(s) of Other Income

**Total Annual Income**

£

per annum

£

per annum

Are you subject to a Probationary Period  
(if YES for how long?)

YES  
Period

NO

YES  
Period

NO

What age are you expecting to retire?

Years

Years

**If less than 1 year with your current employer / business (if self employed), please confirm details of your previous employment / business here.**

**If Self Employed please provide Accountants details:**

Name

Address

Postcode

Phone

Qualifications (ie FCA / ACA)

How long have they acted on your behalf?

## Section 5

## CLIENT VIEWS

What type of Mortgage Product do you require?  
(i.e. Fixed, Capped, Discounted, etc.)

How long would you like the initial rate to be Fixed, Capped, Discounted and why?

TERM \_\_\_\_\_ years  
Reason \_\_\_\_\_

Are you expecting any Lump Sums?

YES / NO  
If YES, please confirm source

Are Redemption Penalties a Concern in the choice of mortgage?

YES / NO  
If YES, please give reason

What are your Personal Views regarding Future Interest Rates  
(If none, please state "NONE")

What Term of Mortgage do you require?

\_\_\_\_\_ YEARS  
Reason \_\_\_\_\_

What Type of Mortgage do you require?  
(If split between the two, please specify amount on each)

REPAYMENT \_\_\_\_\_ INTEREST ONLY \_\_\_\_\_

Do you expect your income or expenditure to change significantly in the foreseeable future?

YES / NO  
If YES, please give reason

Are there any foreseeable changes to your circumstances?

YES / NO  
Reason \_\_\_\_\_

What is your Monthly Budget for you new mortgage including all insurance costs?

£

## Section 6

## CREDIT HISTORY

### HAVE YOU EVER...

had any CCJ's / adverse credit history?

YES / NO

had any mortgage or loan arrears?

YES / NO

been declared bankrupt or entered into any arrangement with creditors?

YES / NO

What is your current overdraft facility?

£

Has this limit been exceeded within the last twelve months?

YES / NO

Have you made a mortgage application within the last 6 months?

YES / NO

**If YES to any of the above, please give details**

## Section 7

## ASSETS AND LIABILITIES

CLIENT 1

CLIENT 2

### PART 1 - ASSETS

Main Residence	£	£
Other Properties	£	£
Total Savings	£	£
Other Assets	£	£
<b>Total</b>	<b>£</b>	<b>£</b>

### PART 2 - LIABILITIES

If you have any outstanding liabilities, please give details below:

	ORIGINAL BALANCE	BALANCE OUTSTANDING	MONTHLY PAYMENT	TERM REMAINING	PURPOSE	ORIGINAL BALANCE	BALANCE OUTSTANDING	MONTHLY PAYMENT	TERM REMAINING	PURPOSE
Main Mortgage	£	£	£			£	£	£		
Other Mortgage	£	£	£			£	£	£		
Overdraft	£	£	£			£	£	£		
Credit Cards	£	£	£			£	£	£		
Car Loan	£	£	£			£	£	£		
Personal Loan	£	£	£			£	£	£		
Hire Purchase	£	£	£			£	£	£		
Maintenance	£	£	£			£	£	£		
Other	£	£	£			£	£	£		
<b>Total</b>	<b>£</b>	<b>£</b>	<b>£</b>			<b>£</b>	<b>£</b>	<b>£</b>		

## Section 8

## PROTECTING YOUR MORTGAGE

### EXISTING PROTECTION

Life Assurance, Critical Illness Cover, Permanent Health Insurance, Endowment and Savings Policies:

Please give details below:

	Policy One	Policy Two	Policy Three	Policy Four
Policyholder				
Policy Type				
Company				
Start Date				
Maturity Date				
Sum Assured				
Deferred Period				
Premium				
Purpose				



**Section 10****CLIENT DECLARATION**

I/we confirm that the information given is accurate to the best of my/our knowledge.  
I/we confirm receipt of the Eden Asset Finance Ltd Terms of Business Letter.

	<b>CLIENT 1</b>	<b>CLIENT 2</b>
Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

**Section 11****VERIFICATION OF IDENTIFICATION AND ADDRESS****FOR EDEN USE ONLY****CLIENT 1****CLIENT 2**

Full Name of Clients	<input type="text"/>	<input type="text"/>
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## SERIAL NUMBER OF PROOF OF ID USED:

Passport	<input type="text"/>	<input type="text"/>
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Driving Licence	<input type="text"/>	<input type="text"/>
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Employer ID with Photo	<input type="text"/>	<input type="text"/>
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DOCUMENT OBTAINED FOR PROOF OF ADDRESS:	<input type="text"/>	<input type="text"/>
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Signed (consultant)	<input type="text"/>	
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Date	<input type="text"/>	
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