



Semi Commercial

Completx
Your Specialist Packager Distributor

023 8045 6999 (Option 3)
commercial@complete-fs.co.uk
www.complete-fs.co.uk

Application Details

Applicant 1 First Name:	Applicant 1 Surname:
Applicant 2 First Name:	Applicant 2 Surname:

Security Details

Security Address:	Town:	
Postcode:	Property Description/Type:	Tenure: Freehold <input type="checkbox"/> Leasehold <input type="checkbox"/>

Loan Details

Purchase Remortgage

Remortgage:	Current Lender:	Loan Amount Outstanding: £
-------------	-----------------	----------------------------

Purpose of funds (please provide full details of how the funds will be utilised and amounts):

Loan Amount Required: £	Estimated Value: £	Purchase Price: £
-------------------------	--------------------	-------------------

Interest Only Term (yrs):	Capital and Repayment Terms (yrs):	Rate:
---------------------------	------------------------------------	-------

Arrangement fee added Yes No

Original Purchase Date:

Only to complete if purchase

Deposit Amount: £	Deposit Type:	Deposit Source:
-------------------	---------------	-----------------

Do you own any other commercial properties? Yes No If yes, how many?

Do you own any other BTL properties? Yes No If yes, how many?

Will the applicant(s) be trading from the property? Yes No

Business Use/Type of Tenant:	Commercial Rental Income: £	Residential Rental Income: £
------------------------------	-----------------------------	------------------------------

Important note:

If the property is used as the applicant(s) main residence (or that if a direct relative - spouse, common law partner, sibling, partner, child, grandchild, or grandparent this element of the property must comprise of less than 40% of the total property area.

Applicant/Director 1 Signature:	Applicant/Director 1 Print Name:
	Date of Signature: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Applicant/Director 2 Signature:	Applicant/Director 2 Print Name:
	Date of Signature: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Broker/Intermediary Signature:	Broker/Intermediary Print Name:
	Date of Signature: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>