

Name of Applicant	
Reference Number	

	I - ADDITIONAL SECURITY ADDRESS Please include Agent's particulars if available							
				use melade / igene s p	articulary ir available			
Property address								
				Postcode				
Description of property (please tick one box only)	Detached house Semi-deta							
Properties current use	Bungalow Flat / Maison			ette	Commercial			
·								
Estimated value of property	£							
Original date of purchase and original purchase price	f			Date				
If property is buy to let state rental income	£							
Tenure (tick box and give details)	Leasehold Unexpired term of lease				Freehold Feudal			
If property is a flat or maisonette please state	Purpose Buil	t	Converted		Over Commercial Property			
Property details	Total number of floors in block			What floor is the property on				
	When was the property built?		No of bedrooms					
	No of garages	No of garages		Age of property				
Construction type	Standard	Other	"other" please de	tail				
Who will occupy the property? Give full names of all persons, other than								
the applicants, over the age of 17 years. If none please state "none".								
Detail relationship to yourself								
Has the property any agricultural restrictions?	Yes	No	"yes" please provide additional info on the additional details page					
Is the property currently or previously owned by a local authority, MOD or housing association?	Yes	No	"yes" please provide additional info on the additional details page					
Are there any outstanding works on the property	Yes	No	"yes" please provid	de additional info on	the additional details page			
Will the property be your primary residence?	Yes	No	"yes" please provid	de additional info on	the additional details page			
Is the property to be refurbished	Yes	No "yes" estimated value of work £						
Name, address and telephone								
number of the vendor								
				Postcode				
	Telephone number							