

Please complete as much information in each section as possible - Missing personal information can affect our ability to provide full advice and missing property information will have to be pursued further in order to complete applications

Section 1 – Personal Information	Client 1	Client 2
Full name incl middle name		
Date of Birth		
Height		
Weight		
Current address		
Contact number		
Email		
Date moved in		
Dependants (ages)		
Future address (if moving)		
Any existing Life Cover, Critical Illness or Income Protection (include details of cover type, amount & provider)		
Is this cover being replaced?		
Section 2 – Work Information		
Occupation		
Employers / Business name		
% manual, clerical work (use of any tools or machinery?)		
Working outside at heights above 12m (40ft)?		
Average Business Mileage (if work involves driving)		
Work for Armed Forces including Reservists or Territorial Army?		
Start date of employment		
In the last 5 years have you lived or worked abroad (full details needed)		
Section 3 – Lifestyle Information		
Do you take part in any hazardous sports (Full details needed)		
Average weekly consumption of alcohol in units		

Are you a life long non-smoker? If not when did you smoke and when did you give up		
Number of Cigarettes smoked per day		
Section 4 – Health Information		
Dr's Name, Address & Contact Number		
Have you ever suffered from the following? If so provide details of condition, date suffered, medication or hospital treatment and outcome (use additional details page)		
Diabetes or sugar in the urine?		
Heart condition including heart attack, angina, heart valve disorder or heart enlargement?		
A vascular or circulatory condition including stroke, Transient Ischaemic Attack (TIA), brain haemorrhage or narrowing or obstruction in the arteries?		
Cancer, tumour, leukaemia, Hodgkin's disease or lymphoma?		
Any condition of the central nervous system (the brain, spinal cord and nerves) including multiple sclerosis, optic neuritis, Parkinson's disease, paralysis, Alzheimer's disease, dementia or cerebral palsy?		
Mental illness that has resulted in referral to a psychiatrist, required hospital treatment or any episode of suicide attempt, suicidal thoughts or self harm?		
Tested positive for HIV, Hepatitis B or C or any other sexually transmitted disease?		
Taken non-prescription drugs?		
In the last 5 years have you suffered from the following? If so provide details of condition, date suffered, medication or hospital treatment and outcome (use additional details page)		
Raised blood pressure, raised cholesterol, chest pain or irregular heart beat?		
A mole or freckle that has bled, become painful, changed appearance or any lump or growth?		
Asthma, bronchitis or any other respiratory condition?		
Any form of arthritis, spine or joint condition including sciatica, back, neck, shoulder, knee or any other joint pain?		

Mental illness including depression, anxiety, stress, nervous breakdown, insomnia, or eating disorders?						
Chronic Fatigue Syndrome (CFS), ME, or fibromyalgia?						
Any digestive, liver, stomach, pancreas or bowel condition including ulcer, hepatitis, colitis or Crohn's disease?						
Kidney, bladder or urinary including blood or protein in the urine and urinary tract infection?						
Seizure, fits, epilepsy, fainting, dizziness, tremor, blackouts, facial pain or migraines?						
Numbness, change in skin sensation, lack of coordination, difficulty walking or temporary loss of muscle power?						
Any eye condition including eye pain, blurred or double vision? (Sight problems correct by glasses or contact lenses can be ignored.)						
Any ear, hearing or balance condition?						
Any cervical smear or other gynaecological condition needing treatment, investigation or advice?						
Prostate enlargement or abnormalities?						
Blood disorder or anaemia?						
Any other condition or been to the doctors in the last 2 years or taking any medication?						
Any absence from work due to illness or injury, if so condition suffered and length of absence (not incl minor conditions) (use additional details page)						
Have your parents or siblings suffered before the age of 65 with any of the following hereditary disorders?						
a) Heart disease (including heart attack, angina, by-pass or heart enlargement)? b) Stroke? c) Diabetes? d) Cancer? (please specify area affected) e) Multiple Sclerosis? f) Huntington's disease? g) Polycystic kidney disease? h) Polyposis of the colon? i) Motor neurone disease? j) Parkinson's disease? k) Alzheimers disease? l) Other hereditary disorders?	Relation	Condition	Age	Relation	Condition	Age

Section 5 – Financial Information

Monthly Expenditure		
Loans, Credit Cards and Car Finance		
Mortgage (Future)		
Council Tax		
Regular Bills		
Food		
Clothing		
Travel		
Other		
Direct Debit details		
Bank Name		
Account Name		
Sort Code		
Account Number		
Details of Mortgage Lender, term, repayment type, value of property		

Section 6 – Additional Details

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I confirm all information provided above is correct to the best of my knowledge.

Special Categories of Sensitive Personal Data

I also give explicit consent for Making Mortgages Simple, and The On-Line Partnership Group Limited, to process special categories of sensitive personal data(*) relating to me, in order to:

Purpose <i>(Enables the provision of...)</i>	Identify Type of data provided (*)	All parties to initial / sign each item	Date
* professional opinions and high quality recommendations, * ensuring advice is suitable to you and meets compliance standards set by the Financial Conduct Authority (FCA) * application(s) for a specified product or products.	<input type="checkbox"/> <i>Personal data revealing racial/ethnic origin or religious beliefs (e.g. country of birth/nationality, residency status, Islamic mortgage)</i> <input type="checkbox"/> <i>Data concerning health.</i> <input type="checkbox"/> <i>Personal data concerning sexual orientation, e.g. marital status</i> <input type="checkbox"/> <i>Personal data relating to criminal convictions and offences</i>		

I understand that you may pass this information on to a named product provider during the product application process. My sensitive personal data will be handled only by staff necessarily involved in these processes and at all times my sensitive personal data will be kept secure and confidential. Once my data has been passed to a named product provider, they will provide me with a privacy notice in respect of the processing they will carry out as a data controller in their own right. My data will be retained in line with the FCA's record keeping requirements.

I understand that my consent may be withdrawn at any time as outlined in the privacy notice.

Client Name(s)		
Client Signature(s) and Date		
Client Address(es)		