



TRIVERS & CO. INSURANCES LTD.

INSURANCE, MORTGAGE, LIFE & PENSION BROKERS

APPROVAL IN PRINCIPLE >> APPLICATION FORM

First Applicant

Surname: _____

First Name: _____

Mother's Maiden Name: _____

Date of Birth: ____ / ____ / ____

Nationality: _____

Marital Status & No. of Dependents: _____

Smoker: Yes / No

Home: _____ Work: _____

Mobile: _____

E-mail: _____

Correspondence Address: _____

Previous Address (if less than 3 years at current address):

Are you in rented accommodation: Yes / No

Income Details

Permanent Contract Self Employed

Occupation _____

Employer _____

How long Employer / Self Employed _____

Gross Basic € _____

Overtime € _____

Bonus € _____

Commission € _____

Rental Income € _____

Second Applicant

Surname: _____

First Name: _____

Mother's Maiden Name: _____

Date of Birth: ____ / ____ / ____

Nationality: _____

Marital Status & No. of Dependents: _____

Smoker: Yes / No

Home: _____ Work: _____

Mobile: _____

E-mail: _____

Correspondence Address: _____

Previous Address (if less than 3 years at current address):

Are you in rented accommodation: Yes / No

Income Details

Permanent Contract Self Employed

Occupation _____

Employer _____

How long Employer / Self Employed _____

Gross Basic € _____

Overtime € _____

Bonus € _____

Commission € _____

Rental Income € _____

Mortgage Type

Property to be mortgaged _____

First Time Buyer Trading Up Remortgage Tenant Purchase Holiday Home Investor Commercial

Purchase Price € _____ Market Value € _____

Mortgage Required € _____ Term Required (years) _____ Rate Type: Fixed Variable

Details of your Solicitor

Name: _____

Name of firm: _____

Address: _____

Tel No: _____ Fax No: _____

Financial History & Commitments

Do you hold a Current Account Credit Card Cheque / Laser Card

Your Bank Name and Address:

Bank Sort Code:

Existing Savings:

Applicant	Institution	Account Type	Account Number	Balance	Statements Viewed (for Broker/Seller use only)
				€	
				€	
				€	

Please forward a minimum of 6 months bank statements for all primary accounts.

Other Borrowings:

Institution	Type	Original Loan Amount	Amount Outstanding	Monthly Repayment	To Be Refinanced
		€	€	€	Yes <input type="checkbox"/> No <input type="checkbox"/>
		€	€	€	Yes <input type="checkbox"/> No <input type="checkbox"/>
		€	€	€	Yes <input type="checkbox"/> No <input type="checkbox"/>
		€	€	€	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you or your spouse ever been insolvent, bankrupt, involved in court proceedings for debt or compounded with Creditors? Yes No

Yes No

If Yes please give details

If Yes please give details

Have you any judgements registered against you personally?

Yes No

Yes No

If Yes please give details

If Yes please give details

Have you any judgements been registered against a Company for which you are a Director?

Yes No

Yes No

If Yes please give details

If Yes please give details

Are you obliged to pay Alimony / Child Support or Separation Maintenance?

Yes No

Yes No

If Yes please state monthly amount

€

If Yes please state monthly amount

€

Declaration & Authority: I / We hereby declare and acknowledge this form must not be construed as an offer on behalf of the lender and that any advance offered or approved may be revised or cancelled before the advance is paid. I / We understand that the lender may make enquiries it considers necessary, including references to employers, accountants, landlords and any other parties it may deem appropriate. I / We expressly declare the information given is true to the best of my / our knowledge and belief and that all facts that are relevant to the application have been disclosed.

Signature 1st Applicant:

Signature 2nd Applicant:

Date:
