



UNB IslamicMortgage Application Form

REGULATED BY THE FSA

This application form should only be used by applicants wishing to apply for property finance compatible with the Shari'ah. Please use BLOCK CAPITALS throughout. Incomplete or illegible applications may cause delay. If a Joint Application, please complete for both First (1) and Second (2) applicants.

1. I wish to apply for UNB IslamicMortgage

2. APPLICATION CHECKLIST *Failure to enclose these items will cause delay in processing this application*

Direct Debit Mandate	<input type="checkbox"/>
If you are employed – 3 months' payslips and latest P60's, employer's reference plus 6 months' bank statements of your account.	<input type="checkbox"/>
If you hold more than 25% of the shareholding in your company, please complete the self-employment section	<input type="checkbox"/>
If you are self-employed – 3 years' accounts from a qualified Accountant, letter from Accountant confirming drawing plus 6 months' bank statements of your personal and business account(s).	<input type="checkbox"/>

3. THE APPLICANT(S)

	Applicant 1	Applicant 2
Title Mr/Mrs/Miss/Other (<i>specify</i>)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s)	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Present address (for correspondence)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Post Code	Post Code
Nationality	<input type="text"/>	<input type="text"/>
Telephone Numbers	Home <input type="text"/>	Home <input type="text"/>
	Business <input type="text"/>	Business <input type="text"/>
	Mobile <input type="text"/>	Mobile <input type="text"/>
Status (e.g. married, single, widowed)	<input type="text"/>	<input type="text"/>
Ages of all children 17 and under	<input type="text"/>	<input type="text"/>
Relationship to other Applicants (e.g. wife, brother etc)	<input type="text"/>	<input type="text"/>

4. OCCUPATION AND INCOME (EMPLOYEES OR COMPANY DIRECTORS)

	Applicant 1	Applicant 2
Occupation & Position held?	<input type="text"/>	<input type="text"/>
Is your job permanent?	Yes/No Length of Service	Yes/No Length of Service
Name and address of your employer?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post Code
Do you hold more than 25% Shareholding of Company? <i>If yes proceed to box 5</i>	Yes No	Yes No
Dept. to contact for employment ref.	<input type="text"/>	<input type="text"/>
Basic gross income	£ Per	£ Per
Other income (give details) overtime, bonus, commission etc. <i>(state whether guaranteed)</i>	£ Per £ Per	£ Per £ Per
If either applicant with present employer less than 3 years give names and addresses of their previous employment to cover 3 years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post Code
National Insurance Number	<input type="text"/>	<input type="text"/>

5. OCCUPATION AND INCOME (SELF EMPLOYED OR *CONTROLLING DIRECTORS)

	Applicant 1	Applicant 2
Name of Business	<input type="text"/>	<input type="text"/>
Address of Business	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post Code
Name of Business	<input type="text"/>	<input type="text"/>
How long owned by the applicant?	Yesrs Months	Yesrs Months
State applicant's agreed annual taxable earnings over each of the past 3 years	Year 1 £ Year 2 £ Year 3 £	Year 1 £ Year 2 £ Year 3 £
Name and address of your Accountant (who must be certified or chartered) to whom we can write for Confirmation of your income and status.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post Code

* to be completed by Directors who own or control (including family interests) in excess of 25% of the voting rights of their company

5a	ANNUAL DISPOSABLE INCOME			
Applicant 1		Applicant 2		
ANNUAL INCOME	£	ANNUAL INCOME	£	
Net employment income		Net employment income		
Business profits drawn		Business profits drawn		
Rent received		Rent received		
Savings/investment income e.g. bank, building society interest, dividends		Savings/investment income e.g. bank, building society interest, dividends		
Pension income		Pension income		
Benefits from government		Benefits from government		
Other income (please specify)		Other income (please specify)		
Total Income		Total Income		
ANNUAL EXPENDITURE		ANNUAL EXPENDITURE		
Mortgage repayment		Mortgage repayment		
Rent paid		Rent paid		
Household expenditure		Household expenditure		
Credit card payments		Credit card payments		
Motor/travel expense		Motor/travel expense		
Premium payments e.g. Life, building, contents		Premium payments e.g. Life, building, contents		
School/University fee		School/University fee		
Additional tax liability e.g. business profits/rental income and CGT		Additional tax liability e.g. business profits/rental income and CGT		
Social/entertainment/holidays		Social/entertainment/holidays		
Other		Other		
Total Expenditure		Total Expenditure		
NET DISPOSABLE INCOME		NET DISPOSABLE INCOME		
Total Income – Total Expenditure		Total Income – Total Expenditure		

Please provide documentary evidence in support of the above.

6.

Applicant 1

Applicant 2

Have you ever
(Answer YES or NO)

Been refused a mortgage on this Property?		
Been refused a mortgage on any other property?		
Failed to keep up any payment under any previous mortgage?		
Have you ever had a County Court Judgement or have you ever been declared bankrupt?		

7. OTHER FINANCIAL COMMITMENTS

Mortgage (other than '8b'), Islamic Financing Arrangements, Sale and Purchase, Hire Purchase, Personal Loans, Store/Debit/Credit Cards etc). Please give details of any other current or future financial commitments.

Name of Provider	Purpose	Amount of Loan or fin. assist	Monthly repayment	Balance Outstanding	Date Payment Due

8a. BUYING A NEW PROPERTY

Purchase Price (from current owner)

£

Years

Payment Term (maximum 25 years)

Amount Required

£

Deposit to be provided by applicant
(Minimum 20% of purchase price)

£

8b. REPLACING AN INTEREST MORTGAGE

Outstanding Mortgage

£

Years

Payment Term

Estimated current value of the Property

£

9. DETAILS OF THE PROPERTY

Address of the Property

Description (house, bungalow, terraced, purpose built or converted flat etc.)

Is the Property ex-council property?

Construction of walls and roof (e.g. brick and tile)

Tenure (Tick as appropriate)

Is block over 4 flats high?
If so how many?

State arrangements for the valuer to gain access to inspect the Property

Who will occupy the Property?
Give full names of all those over the age of 17 years and give dates of birth and relationship to applicant.

Estimated completion date

Do you intend to let/sublet any part of the Property?

Will any business be carried on in the Property or in any outbuilding(s)?
(Give details)

Name, address and telephone number of the vendor (seller)

Name, address and telephone number of your solicitor

Name, address and telephone number of the selling agent

Post Code			
Age of Property			years
FREEHOLD	If lease, give years to run	Ground Rent £	per
LEASEHOLD		Service charge £	per
		Tel. No. (Bus)	Tel. No. (Home)
		Post Code	Tel. No.
		Post Code	Tel. No.
		Post Code	Tel. No.

10.

PRESENT ACCOMMODATION

How long have you lived at your present address?

Rent or repayments

Name and address of current mortgagee or landlord (Please state Roll No.). If less than 3 years please give details of all previous mortgages or landlords during those 3 years

Previous address(s) if resident less than 3 years

Name and address of your bank (For reference purposes)

Sort Code
Account Number
Account Name

Applicant 1

Applicant 2

Years as owner/tenant/with parents		
£	per	Loan outstanding £

Years as owner/tenant/with parents		
£	per	Loan outstanding £

Post Code		Roll. No.
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Post Code		Roll. No.
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Post Code		Roll. No.
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Post Code		Roll. No.
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Sort Code		
Account Number		
Account Name		

Sort Code		
Account Number		
Account Name		

11. OPENING OF CURRENT ACCOUNT WITH UNB

It is a condition of UNB IslamicMortgage that a non-interest-bearing current account is opened with the Bank to hold a sum of money as your down payment until completion of legal documentation with respect to the property to be purchased. This account will also be used for payment of monthly rent, as per repayment schedule. This account will be opened in the name or names of the applicant(s).

In case of joint account the Bank will only accept instructions provided all parties to the account sign them. Statements of account will be provided on monthly basis.

12. BUILDINGS INSURANCE Important – Please Read Carefully

- a. If the Property is leasehold and the Lease provides for insurance by the Landlord or requires cover through an Insurance Company specified by the Landlord, then cover must be affected in accordance with the Lease and must be acceptable to The Bank.
- b. In all other cases, the Bank will arrange insurance of the Property in its own name. The sum insured will be based on an estimate of the current rebuilding costs recommended by the Bank’s valuer.

The premium will be paid by you. The bank will treat this application as your mandate to recover the premium from your current account.

c. The Bank’s arrangement with its insurers for buildings insurance does not require the completion of a detailed insurance proposal form by the applicant. The insurers do require however, complete disclosure of all facts, which an insurer would regard as likely to influence its assessment and/or acceptance of the insurance proposal. It is up to the applicant to ensure that all facts likely to be material to an insurer are disclosed. If you are in any doubt as to whether any fact or facts may be material, you should disclose them. Failing to do so may affect the settlement of a claim or render the policy invalid. In order to assist you in deciding whether any need to disclose information exists, please answer the questions set out below. If the answer to any of these questions is Yes, then please provide full details of the circumstances on a separate sheet attached to this application form. You should keep a record (including copies of letters) of all information supplied in connection with the insurance of the property.

- 1. Have you or any person normally resident with you
 - a) ever been convicted of any offence other than a driving offence? Yes/No
 - b) had any home or personal insurance declined, cancelled or had special terms imposed? Yes/No

- 2. Have you or any persons living with you over the last six years sustained any loss, damage or liability relating to the Property whether insured or not?
If YES please give details Yes/No

- 3. Will the property be left unoccupied for any reason for more than 30 days at any one time? Yes/No

We will issue the cover on the basis of the information provided by you or on your behalf. Please tell us immediately of any changes that affect what you have told us.

We may pass your personal data to other companies for processing on our behalf but in all cases we will ensure that it is kept securely and only used for the purposes for which you provided it.

13a HOW DID YOU HEAR ABOUT THE UNB ISLAMICMORTGAGE?

It would help us greatly and may help others if you could let us know how you heard about this product.

13b | DETAILS OF REGULATED INTRODUCER

Name, Address & Tel No.

Post Code	Tel No.

Category of Introducer

a. Independent Financial Adviser Yes/No

If Yes, do you belong to a Network Yes/No

If Yes, please specify Network name and membership no.

b. Solicitor Yes/No

If Yes, please specify professional institute and membership no.

c. Accountant Yes/No

If Yes, please specify professional institute and membership no.

d. Mortgage Broker Yes/No

If Yes, please state your Mortgage Code Register of Intermediaries no.

Signature

Position

Date

The information given in this application form is correct and complete to the best of my/our knowledge.

We authorize you to carry out all necessary credit and other checks that you consider necessary.

Your signature

Your partner's signature

Date

Date