

# HSBC Domestic Mortgage Application Form

**We recommend that you fill in this form prior to the meeting in order that your Mortgage Arranger has special information regarding your requirements.**

#### **Privacy Notice**

We will collect and use your information as set out within our Privacy Notice. You can find a copy of our Privacy Notice on our website at [ciiom.hsbc.com/privacy/](https://ciiom.hsbc.com/privacy/).

#### **How to fill in the form**

Please complete written answers in capital letters and tick boxes where appropriate. This will help us to process your application quickly.

Depending on your requirements, not all sections may need to be completed. Please read the notes at the top of each section to see if you need to complete that section.

#### **Documents we will need to see**

If you are an employee we need to see your last three months' payslips. We also require evidence of any guaranteed allowances, commission or bonuses that you wish to be considered as an income, together with two years' Notice of Assessment.

If you are self-employed we need to see accounts prepared and signed for the last two years.

We will need to see full details of your current monthly expenditure, including existing loan and credit card payments and other contractual payments.

If you do not hold your main current account with us we will need to see your current account statements for the last three months showing all commitments.

Before we can complete your application we will need to see some form of identification such as:

- A valid full passport.

We will also need to verify your current address. An original of one of the following documents is acceptable:

- Bank or building society statement – showing activity within the last four months.
- Utility bill – dated within the last four months (mobile phone bills are not acceptable).
- Parish rates bill or water bill – valid for the current year.

#### **Returning your completed form**

Before you return the form please check:

- You have answered all the necessary questions.
- All applicants have signed the form.
- All required Direct Debit mandates have been completed and signed.
- You are submitting all the documents needed.

Please return your completed application form and all documentation to your nearest branch.

#### **Help**

If you need more information about how to apply for a Mortgage or HomeOwner Loan:

- Call us on **03456 006 161** for Channel Islands and Isle of Man residents.
- Come into branch and speak to one of our Mortgage Arrangers.

## Section 1A: Your Personal Details

### Applicant 1

Title: Mr: ☐ Mrs: ☐ Miss: ☐ Ms: ☐ Dr: ☐ Other (please specify):

Surname:

Previous Surnames (if applicable):

First Name(s):

Residential Address:   
  
 Post/Zip Code:

Residential Status:

Marital Status: Single: ☐ Married/Civil Partner: ☐ Divorced: ☐ Separated: ☐ Widowed: ☐

Other:

Date of Birth:         Country of Residence:

Sort Code:    -    -    Account Number:

Do you currently have a mortgage with HSBC? Yes ☐ No ☐ If Yes, please provide your mortgage reference number:

### Applicant 2

Title: Mr: ☐ Mrs: ☐ Miss: ☐ Ms: ☐ Dr: ☐ Other (please specify):

Surname:

Previous Surnames (if applicable):

First Name(s):

Residential Address:   
  
 Post/Zip Code:

Residential Status:

Marital Status: Single: ☐ Married/Civil Partner: ☐ Divorced: ☐ Separated: ☐ Widowed: ☐

Other:

Date of Birth:         Country of Residence:

Sort Code:    -    -    Account Number:

Do you currently have a mortgage with HSBC? Yes ☐ No ☐ If Yes, please provide your mortgage reference number:

## Section 1B

### Applicant 1

Date moved to  
current address:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

If you have lived at your present address for less than three years please give your previous address:

Residential Address:

					Post/Zip Code:				

### Applicant 2

Date moved to  
current address:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

If you have lived at your present address for less than three years please give your previous address:

Residential Address:

					Post/Zip Code:				

(Only complete if different to first applicant's details).

**THINK CAREFULLY BEFORE SECURING OTHER DEBTS AGAINST YOUR HOME. YOUR HOME MAY BE REPOSSESSED IF YOU DO NOT KEEP UP REPAYMENTS ON YOUR MORTGAGE.**

## Section 2: Contact Details

**All applicants should complete this section.**

We will send correspondence to the first applicant's address. If you want correspondence sent to a different address please give us the details.

### Applicant 1

Correspondence  
Address:

					Post/Zip Code:				

May we contact you  
by telephone?

Yes ☐ No ☐

Home number:

Daytime number:

Mobile number:

Email Address:

Preferred telephone  
contact?

First Applicant: ☐

Second Applicant: ☐

Preferred time  
for contact?

Morning: ☐

Afternoon: ☐

Evening: ☐

**Applicant 2**Correspondence  
Address:

	Post/Zip

May we contact you  
by telephone?Yes ☐ No ☐

Code: Home number:

Daytime number:

Mobile number:

Email Address:

Preferred telephone  
contact?First Applicant: ☐Second Applicant: ☐Preferred time  
for contact?Morning: ☐Afternoon: ☐Evening: ☐**If you have any Financial Dependents (children), please give details below:**

Forenames:

Surname:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Forenames:

Surname:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Forenames:

Surname:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Forenames:

Surname:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

## Section 3: Employment Details

**All applicants should complete this section.****Applicant 1**

What is your work status?

Employed: ☐Self-Employed: ☐Not Employed: ☐Retired: ☐Other: ☐

If employed, are you on:

Fixed Term Contract: ☐Zero Hour Contract: ☐Other: ☐If you have more than 1 job,  
please provide details:


What is your occupation?

Nature of Business:

**(Please note that certain roles aren't supported when you apply for a mortgage.)**

Employer's Name:

Employer's address:  
(or business address  
if self-employed):

	Post/Zip Code:

Date you started work  
with this employer:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Are you a  
Company Director?

Yes ☐ No ☐

If Yes, do you own more than  
25% of the Company's shares?

Yes ☐ No ☐

### Applicant 2

What is your work status?

Employed: ☐ Self-Employed: ☐ Not Employed: ☐ Retired: ☐ Other: ☐

If employed, are you on:

Fixed Term Contract: ☐ Zero Hour Contract: ☐ Other: ☐

If you have more than 1 job,  
please provide details:


What is your occupation?

--

Nature of Business:

--

**(Please note that certain roles aren't supported when you apply for a mortgage).**

Employer's Name:

--

Employer's address:  
(or business address  
if self-employed):


--

Post/Zip Code:

--

Date you started work  
with this employer:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Are you a  
Company Director?

Yes ☐ No ☐

If Yes, do you own more than  
25% of the Company's shares?

Yes ☐ No ☐

## Section 4: Income Details

**All applicants should complete this section.**

### Applicant 1

#### Gross Annual Income:

Earned Income:

Basic Salary:

£
---

Guaranteed Overtime:

£
---

Guaranteed Bonus/Fees:

£
---

Guaranteed Commission:

£
---

Other Earned Income:

£
---

#### Total Gross

Earned Income:

£
---

Unearned Income:

Rental Income:

£
---

Stocks and Shares Income:

£
---

### Applicant 2

#### Gross Annual Income:

Earned Income:

Basic Salary:

£
---

Guaranteed Overtime:

£
---

Guaranteed Bonus/Fees:

£
---

Guaranteed Commission:

£
---

Other Earned Income:

£
---

#### Total Gross

Earned Income:

£
---

Unearned Income:

Rental Income:

£
---

Stocks and Shares Income:

£
---

Investment Income:	<input type="text" value="£"/>	Investment Income:	<input type="text" value="£"/>
Other Unearned Income:	<input type="text" value="£"/>	Other Unearned Income:	<input type="text" value="£"/>
<b>Total Gross Unearned Income:</b>	<input type="text" value="£"/>	<b>Total Gross Unearned Income:</b>	<input type="text" value="£"/>
<b>Total Gross Annual Income:</b>	<input type="text" value="£"/>	<b>Total Gross Annual Income:</b>	<input type="text" value="£"/>
Effective Tax Rate:	<input type="text"/> %	Effective Tax Rate:	<input type="text"/> %
<b>Net Monthly Income:</b>		<b>Net Monthly Income:</b>	
Net Monthly Earned Income:	<input type="text" value="£"/>	Net Monthly Earned Income:	<input type="text" value="£"/>
Other Net Monthly Income:	<input type="text" value="£"/>	Other Net Monthly Income:	<input type="text" value="£"/>
<b>Total Net Monthly Income:</b>	<input type="text" value="£"/>	<b>Total Net Monthly Income:</b>	<input type="text" value="£"/>

## Section 5: Expenditure Details

Do you currently have a mortgage? Yes ☐ No ☐

If Yes, please provide details of Existing Borrowing.

## Section 5A: Existing Mortgage Details

### Applicant 1

Name of Lender:	<input type="text"/>		
Address of Lender:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post/Zip Code:	<input type="text"/>
Whose name(s) is the loan held in?	<input type="text"/>		
Account/Roll Number:	<input type="text"/>		
Loan Type:	Capital Repayment: <input type="checkbox"/>	Interest Only: <input type="checkbox"/>	
Outstanding Balance:	<input type="text" value="£"/>	Amount of original loan used to purchase property:	<input type="text" value="£"/>
Regular Payment Amount:	<input type="text" value="£"/>		
Frequency of Payments:	Monthly: <input type="checkbox"/>	Quarterly: <input type="checkbox"/>	Half-yearly: <input type="checkbox"/> Annually: <input type="checkbox"/>
Other (please state):	<input type="text"/>		
Remaining Term:	<input type="text"/>		

(Please consider any bond fees you might have to pay, if moving lenders – Guernsey only.)

## Section 5B: Other Secured/Equity Release Loans

Are there any other loans  
secured on the property?

Yes ☐

How many?

No ☐

If Yes, please complete the following information:

### Loan 1

Name of Lender:

Lender's Address:




Post/Zip Code:

Whose name is the loan  
held in?

Account/Roll Number:

Loan Type:

Capital Repayment: ☐

Interest Only: ☐

Loan Purpose:

Outstanding Balance:

£

Regular Payment Amount:

£

Is the Loan Protection  
Held?

Yes ☐

No ☐

If Yes, please give details:

Frequency of Payments:

Monthly: ☐

Quarterly: ☐

Half-yearly: ☐

Annually: ☐

Other:

Remaining Term:

 years

To be paid off by loan applied for?

Yes ☐

No ☐

### Loan 2

Name of Lender:

Lender's Address:




Post/Zip Code:

Whose name is the loan  
held in?

Account/Roll Number:

Loan Type:

Capital Repayment: ☐

Interest Only: ☐

Loan Purpose:

Outstanding Balance:

£

Regular Payment Amount:

£

Is the Loan Protection  
Held?

Yes ☐

No ☐

If Yes, please give details:

Frequency of Payments:

Monthly: ☒

Quarterly: ☐

Half-yearly: ☐

Annually: ☐

Other:

Remaining Term:

 years

To be paid off by loan applied for?

Yes ☐

No ☒



**Loan 3**

Name of Lender:

Lender's Address:

Post/Zip Code:

Whose name is the loan held in?

Account/Roll Number:

Loan Type:

Capital Repayment: ☐Interest Only: ☐

Loan Purpose:

Outstanding Balance:

£ 

Regular Payment Amount:

£ 

Is the Loan Protection Held?

Yes ☐No ☐

If Yes, please give details:

Frequency of Payments:

Monthly: ☐Quarterly: ☐Half-yearly: ☐Annually: ☐Other: 

Remaining Term:

 years

To be paid off by loan applied for?

Yes ☐No ☐

## Section 5C: Unsecured Loans/Instalment Credit Facilities

Please provide details of all existing facilities.

**Loan 1**Please tick box if less than 6 payments remaining: ☐

Name of Lender:

Whose name(s) is the loan held in?

Loan Type:

Personal Loan: ☐Hire Purchase: ☐Other: ☐

Outstanding Balance:

£ 

Regular Payment Amount:

£ 

Frequency of Payments:

Monthly: ☐Quarterly: ☐Half-yearly: ☐Annually: ☐Other: 

Remaining Term:

 years

To be paid off by loan applied for?

Yes ☐No ☐

Is the Loan Protection Held?

Yes ☐No ☐

If Yes, please give details:

**Loan 2**Please tick box if less than 6 payments remaining: ☐

Name of Lender:

Whose name(s) is the  
loan held in?

Loan Type:

Personal Loan: ☐ Hire Purchase: ☐ Other: ☐

Outstanding Balance:

£  Regular Payment Amount: £ 

Frequency of Payments:

Monthly: ☐ Quarterly: ☐ Half-yearly: ☐ Annually: ☐ Other: 

Remaining Term:

 years To be paid off by loan applied for? Yes ☐ No ☐Is the Loan Protection  
Held?Yes ☐ No ☐

If Yes, please give details:

**Loan 3**Please tick box if less than 6 payments remaining: ☐

Name of Lender:

Whose name(s) is the  
loan held in?

Loan Type:

Personal Loan: ☐ Hire Purchase: ☐ Other: ☐

Outstanding Balance:

£  Regular Payment Amount: £ 

Frequency of Payments:

Monthly: ☐ Quarterly: ☐ Half-yearly: ☐ Annually: ☐ Other: 

Remaining Term:

 years To be paid off by loan applied for? Yes ☐ No ☐Is the Loan Protection  
Held?Yes ☐ No ☐

If Yes, please give details:

**Loan 4**Please tick box if less than 6 payments remaining: ☐

Name of Lender:

Whose name(s) is the  
loan held in?

Loan Type:

Personal Loan: ☐ Hire Purchase: ☐ Other: ☐

Outstanding Balance:

£  Regular Payment Amount: £

Frequency of Payments: Monthly: ☐ Quarterly: ☐ Half-yearly: ☐ Annually: ☐ Other:

Remaining Term:  years To be paid off by loan applied for? Yes ☐ No ☐

Is the Loan Protection Held? Yes ☐ No ☐

If Yes, please give details:

Please continue in the additional details section at the end of the form if necessary.

## Section 5D: Credit Card Facilities

### Applicant 1

#### Card 1

Total Card Limits:

Total Card Balances:

Total Minimum Monthly Payment Amounts:

Usual Monthly Payment Amount:

Amount to be paid off by Loan applied for:

#### Card 2

Total Card Limits:

Total Card Balances:

Total Minimum Monthly Payment Amounts:

Usual Monthly Payment Amount:

Amount to be paid off by Loan applied for:

#### Card 3

Total Card Limits:

Total Card Balances:

Total Minimum Monthly Payment Amounts:

Usual Monthly Payment Amount:

Amount to be paid off by Loan applied for:

Please give details on card repayments:

### Applicant 2

#### Card 1

Total Card Limits:

Total Card Balances:

Total Minimum Monthly Payment Amounts:

Usual Monthly Payment Amounts:

Amount to be paid off by Loan applied for:

#### Card 2

Total Card Limits:

Total Card Balances:

Total Minimum Monthly Payment Amounts:

Usual Monthly Payment Amounts:

Amount to be paid off by Loan applied for:

#### Card 3

Total Card Limits:

Total Card Balances:

Total Minimum Monthly Payment Amounts:

Usual Monthly Payment Amounts:

Amount to be paid off by Loan applied for:

## Section 5E: Regular Monthly Outgoings/Budget Planner

### Current

Housekeeping:	<input type="text" value="£"/>	Savings:	<input type="text" value="£"/>
Utilities:	<input type="text" value="£"/>	Pensions:	<input type="text" value="£"/>
TV:	<input type="text" value="£"/>	Building Insurance:	<input type="text" value="£"/>
Additional Accounts: (Revolut, Monzo, etc.)	<input type="text" value="£"/>	Life Insurance:	<input type="text" value="£"/>
Lifestyle:	<input type="text" value="£"/>	Other Types of Insurance:	<input type="text" value="£"/>
Travel:	<input type="text" value="£"/>	Parish Rates:	<input type="text" value="£"/>
School Fees:	<input type="text" value="£"/>	Other:	<input type="text" value="£"/>

### Proposed

Housekeeping:	<input type="text" value="£"/>	Savings:	<input type="text" value="£"/>
Utilities:	<input type="text" value="£"/>	Pensions:	<input type="text" value="£"/>
TV:	<input type="text" value="£"/>	Building Insurance:	<input type="text" value="£"/>
Additional Accounts: (Revolut, Monzo, etc.)	<input type="text" value="£"/>	Life Insurance:	<input type="text" value="£"/>
Lifestyle:	<input type="text" value="£"/>	Other Types of Insurance:	<input type="text" value="£"/>
Travel:	<input type="text" value="£"/>	Parish Rates:	<input type="text" value="£"/>
School Fees:	<input type="text" value="£"/>	Other:	<input type="text" value="£"/>

## Section 6: Property Details

Address of property on which the loan will be secured:	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>	Post/Zip Code: <input type="text"/>		
Purchase price (if new purchase) or estimated current value:	<input type="text" value="£"/>	What year was the property built?	<input type="text"/>	
Property Tenure:	Freehold: <input type="checkbox"/>	Leasehold: <input type="checkbox"/>	Share Transfer: <input type="checkbox"/>	Flying Freehold: <input type="checkbox"/>
If Leasehold:	Date of Lease: <input type="text" value="DDMMYYYY"/>			
	Term of Lease: <input type="text"/> years			
	Ground Rent Payable: <input type="text" value="£"/>			
Type of Property:	House: <input type="checkbox"/>	Bungalow: <input type="checkbox"/>	Flat: <input type="checkbox"/>	Maisonette: <input type="checkbox"/> Other: <input type="text"/>
Is the Property?	Detached: <input type="checkbox"/>	Semi-Detached: <input type="checkbox"/>	Terraced: <input type="checkbox"/>	
How many bedrooms are there?	<input type="text"/>		What is the property rebuilding cost?	<input type="text" value="£"/>

Amount of incentive/  
discount (if any) offered  
by the seller:

£

Source of funds  
for deposit:

If Share Transfer, is  
there a parking space?

Yes

☐

No

☐

If Yes, please give brief  
details and parking  
space number:

**We may require a Professional Valuation of the property, which we will arrange. The Valuation Report will be sent to us and will remain our property.**

**It is important that you appreciate that the report is obtained for our purpose only. It does not include a detailed survey. We make no representation, warranty or guarantee in respect of the purchase price, condition or location of the property.**

**You should not rely on the report, or any subsequent offer by us to lend, assist you in deciding on whether to proceed with the property purchase.**

## Section 7: Property Ownership Details

Who are/will be the registered owners of the property? (please provide the exact names in which the property will be registered)

Forenames:

Surname:

Forenames:

Surname:

Forenames:

Surname:

Forenames:

Surname:

## Section 8: Property Occupancy Details

**All applicants should complete this section.**

Are there any other people who are/will be living in the property, and/or who have a financial interest in the property? For example, anyone who has contributed/will contribute to the purchase/alteration/improvement of the property.

Yes

☐

No

☐

If Yes, please  
give details:

We may contact any such parties over 18 years of age who are not the owners in order to obtain their signatures to a Letter of Consent and Postponement by Deed.

Forenames:

Surname:

Date of Birth:

Relationship to You:

Forenames:

Surname:

Date of Birth:

Relationship to You:

Please continue in the additional details section at the end of the form, if necessary.

## Section 9: Property Use Details

Is/Will the property be your main residence? Yes ☐ No ☐

If No, please ask for a new form

Is/Will any part of the property be let? Yes ☐ No ☐

If Yes, please give details:

**You will need prior consent from the bank to any letting of the property.**

## Section 10: Your Requirements

**All applicants should complete this section.**

### Loan Details

What type of borrower are you? First Time Buyer: ☐ Mortgage Transfer: ☐ Home Mover: ☐ HomeOwner Loan: ☐

If the HomeOwner loan is in addition to existing borrowing, the borrowers of the new loan must be the same as the main mortgage.

How much do you want to borrow and for how long?

**Mortgage:** Amount: £  Term:  years

Difference between purchase price and loan amount: £

**HomeOwner Loan:** Amount: £  Term:  years

Loan purpose?

What type of loan do you require? Capital Repayment: ☐ Interest Only\*: ☐

If Interest Only selected, how do you intend to repay the borrowing? Endowment: ☐ Investments: ☐ Second Property: ☐ Other: ☐

If Other, please give details:

**Please note: For an Interest Only mortgage, further information will be required.**

What type of interest rate do you require? Fixed: ☐ Tracker: ☐

For fixed rates, which fixed term do you require?  years

Does this application involve a transfer of title? Yes ☐ No ☐

Which pricing package do you require? Fee Free: ☐ Standard: ☐

Which pricing package do you require? Booking Fee: ☐ Completion Fee: ☐

If you wish, you can add all or a portion of your booking fee (depending on the size of the fee), and/or all of the completion fee to your mortgage. This would increase the amount you borrow and as result, the total interest you pay over the term of the mortgage will be higher than if you paid these fee(s) in full from your own funds at the outset.

### \*Interest Only Mortgages

With an interest only mortgage, your monthly payment covers only the interest on your loan, enabling you to invest to pay off your mortgage at the end of the mortgage term or freeing up cash to spend elsewhere.

By repaying only the interest on your mortgage, your monthly payments are lower than with an equivalent capital repayment mortgage.

**Note: You are responsible for making your own arrangements to repay your mortgage at the end of the mortgage term. This could be through a savings or investment plan. Your property may be repossessed if you do not have sufficient funds to repay the capital balance outstanding at the end of the term.**

### Repayment details

What is your preferred day of the month for repayments?

From what account?

For further information, please call us on **03456 00 61 61\*** or visit your local branch.

\*Lines are open 8am to 10pm every day (24 hours a day if you are an HSBC Premier or Advance Customer).

From outside the Channel Islands & Isle of Man **+44 1470 697139**.

If you would like to set the amount of your loan repayment at a level over and above the normal monthly payment, please complete the following questions:

#### Mortgage

Total amount of monthly repayment you wish to make:

 £

Commencement date of increased payments:

 DDMMYYYY

How long the increased payment should be applied?

Months:  Until Further Notice:

#### HomeOwner Loan

 £

 DDMMYYYY

Months:  Until Further Notice:

### HomeOwner Loans Only

**All applicants should complete this section.**

#### Money Transmission Details

Would you like the funds to be sent to the same account from which your repayments will be collected?

Yes ☐ No ☐

If No, please give details of where funds should be sent:

Bank/Building Society Name

Bank/Building Society Address:




Post/Zip Code:

Name of Account Holder(s)	<input type="text"/>															
Sort Code:	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference Number:	<input type="text"/>															
When do you require the funds?	When Available:	<input type="checkbox"/>														
	Later Date:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	To Be Advised:	<input type="checkbox"/>														

## Section 11: Life Assurance Details

All applicants taking an Interest Only mortgage where an endowment policy is the repayment vehicle, should complete this section.

All other applicants should read the important note below only.

### Important Note:

**For all types of loan, we recommend that protection for the full amount of the loan is in place before any monies are released to ensure that your loan is repaid in the event of your death. To help you determine your protection goals and what you would like to happen following an event such as death, disability or loss of income, please contact your local branch where a member of our team will be happy to arrange an appointment with a Financial Advisor to undertake a Protection Planning Review with you.**

**We do require endowment policies of sufficient value to cover the loan. If you are arranging new endowment policies, you must provide us with the Acceptance Notices before we can release any money.**

**If you have existing endowment policies which you do not want to support your loan, it may not be in your best interests to surrender them. Please refer to your existing life company for guidance.**

If you want us to consider any of your existing endowment policies in support of your mortgage application, please provide the details below:

### Existing Policy Details:

#### First Policy

Name of Company:	<input type="text"/>											
Policy Number:	<input type="text"/>											
1st Life Covered:	<input type="text"/>					2nd Life Covered:	<input type="text"/>					
Type of Cover: (eg, first event, second event, single)	<input type="text"/>											
Sum Assured:	<input type="text"/>	£	Start Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Term:	<input type="text"/>					years	Premium Amount:	<input type="text"/>				
Premium Frequency:	<input type="text"/>					Is the Policy in Trust:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Location of Policy:	<input type="text"/>											

Please enclose your existing policies with this application. If you do not hold the originals please provide us with a copy and state the originals are held.



**Second Policy**

Name of Company:	<input type="text"/>		
Policy Number:	<input type="text"/>		
1st Life Covered:	<input type="text"/>	2nd Life Covered:	<input type="text"/>
Type of Cover: (eg, first event, second event, single)	<input type="text"/>		
Sum Assured:	<input type="text" value="£"/>	Start Date:	<input type="text" value="DDMMYYYY"/>
Term:	<input type="text"/> years	Premium Amount:	<input type="text" value="£"/>
Premium Frequency:	<input type="text"/>	Is the Policy in Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of Policy:	<input type="text"/>		

**Third Policy**

Name of Company:	<input type="text"/>		
Policy Number:	<input type="text"/>		
1st Life Covered:	<input type="text"/>	2nd Life Covered:	<input type="text"/>
Type of Cover: (eg, first event, second event, single)	<input type="text"/>		
Sum Assured:	<input type="text" value="£"/>	Start Date:	<input type="text" value="DDMMYYYY"/>
Term:	<input type="text"/> years	Premium Amount:	<input type="text" value="£"/>
Premium Frequency:	<input type="text"/>	Is the Policy in Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of Policy:	<input type="text"/>		

We may need to contact you at a later date regarding these Policies and your application.

## Section 12: Home Insurance Details

**All applicants should complete this section in full.**

**We require that your buildings are adequately insured.**

I have existing cover/I will be arranging cover through an insurer of my own choice: ☐ (Please provide details below).

Name of Company:	<input type="text"/>		
Company Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post/Zip Code:	<input type="text"/>
Policy Number:	<input type="text"/>	Amount of Cover:	<input type="text" value="£"/>

# Section 13: Details of Professionals Acting for You

Please complete only those sections relevant to your situation:

**Solicitor/Conveyancer:**

Name of Firm:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post/Zip Code:	<input type="text"/>
DX Number:	<input type="text"/>	Telephone Number:	<input type="text"/>
Person Acting for You:	<input type="text"/>		

**Estate Agent:**

Name of Firm:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post/Zip Code:	<input type="text"/>
Telephone Number:	<input type="text"/>		
Person Acting for You:	<input type="text"/>		

**Solicitor for Independent Legal Advice:**

Name of Firm:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post/Zip Code:	<input type="text"/>
DX Number:	<input type="text"/>	Telephone Number:	<input type="text"/>
Person Acting for You:	<input type="text"/>		

**Other (please provide details below)**

# Section 14: Additional Details

Please provide any additional information here:

# Accessibility

To find out more about our accessible services please visit [ciiom.hsbc.com/accessibility](https://ciiom.hsbc.com/accessibility) or ask at any of our branches.

**If you'd like this document in another format such as large print, Braille or audio, please contact us on 03456 006 161.**

BSL Video Relay Service is also available (Monday-Friday 8am-6pm, excluding Bank and Public Holidays).

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