

CLIENT REFERENCE NUMBER (TO BE COMPLETED BY MOSAIC)

PERSONAL DETAILS

APPLICANT ONE

APPLICANT TWO

Title		
Forename(s)		
Surname		
Date of birth		
Nationality		
ID or passport number		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital status		
Current residential address (including post code)		
Owner or tenant	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>
How long have you lived at this address? (If less than three years please give previous address including post code.)		
Postal address (if different from your residential address)		

Home telephone		
Work telephone		
Mobile		
Fax		
Email		

HEALTH

APPLICANT ONE

APPLICANT TWO

Do you smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently in good health? (If no, please give details.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

DEPENDANTS

NAME	RELATIONSHIP TO APPLICANT(S)	DATE OF BIRTH	DATE UNTIL WHICH CONSIDERED DEPENDENT

CURRENT LENDER

APPLICANT ONE

APPLICANT TWO

Name and address of current lender		
Telephone and fax numbers		

CURRENT BANK (FROM WHICH A PROSPECTIVE LENDER MAY ASK FOR REFERENCES)

Name and address of current banker		
Telephone and fax numbers		
Account number		
Sort code		

OCCUPATION

Occupation		
No. years employed/ established (if less than three years please complete previous employment below)		
Name and address of employer/ business		
Telephone		
Fax		

IF SELF EMPLOYED OR OWNER OF A COMPANY

APPLICANT ONE

APPLICANT TWO

Name and address of accountant						
Chartered/certified?						
Are you a shareholder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If yes, what is your %?						
Are accounts available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Please indicate the last three years' net profit	YEAR	CURRENCY	NET PROFIT	YEAR	CURRENCY	NET PROFIT
	2.....			2.....		
	2.....			2.....		
	2.....			2.....		

PREVIOUS EMPLOYMENT

APPLICANT ONE

APPLICANT TWO

Name and address of previous employer/business		
Telephone		
Years employed/established		

CREDIT HISTORY

APPLICANT ONE

APPLICANT TWO

Have you had any County Court Judgements or defaulted on previous loans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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NOTE: PLEASE ANSWER ALL QUESTIONS AS FULLY AS POSSIBLE
THE INFORMATION IS ESSENTIAL TO POTENTIAL LENDERS

DETAILS OF PROPERTY TO BE FINANCED

Full address					
In which district is the property?	Paphos <input type="checkbox"/> Limassol <input type="checkbox"/> Larnaca <input type="checkbox"/> Famagusta / Agia Napa / Protaras <input type="checkbox"/> Nicosia <input type="checkbox"/> Other				
Description					
Purchase price (and valuation if different)					
Cost of additional home improvements					
Deposit (currency and amount)					
Use of property (main residence, holiday home, retirement, rental)					
If rental, how much do you expect to rent the property for?					
Is the property to be constructed?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please complete the following)				
Completion date				
Full schedule of when funds are required	<table border="1"> <thead> <tr> <th>Date</th> <th>Amount (CYP)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Date	Amount (CYP)		
Date	Amount (CYP)				
Name and address of developer/builder					
Telephone					
Fax					
Email					

FINANCING REQUIRED

Financing required	<ul style="list-style-type: none"> ▪ Currency ▪ Amount
Please indicate (√) which type(s) of mortgage you will consider	
▪ Repayment	Yes <input type="checkbox"/> No <input type="checkbox"/>
▪ Discounted	Yes <input type="checkbox"/> No <input type="checkbox"/>
▪ Capped	Yes <input type="checkbox"/> No <input type="checkbox"/>
▪ Fixed	Yes <input type="checkbox"/> No <input type="checkbox"/>
▪ Other (please specify)
Term of mortgage required	Minimum <input type="text"/> Maximum <input type="text"/>
Over what time period do you require the most competitive mortgage?Years

Have you appointed a lawyer? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give name and contact details here

LOAN REQUIREMENTS

Should you decide to proceed with a loan application, you would need to supply verification of all the information submitted here, together with some additional items.

If you wish to ensure that you do not suffer unnecessary delays you may choose to begin preparing for a future application. If time is of the essence perhaps you would like to collate all application requirements such that when the time comes, we can act quickly.

For confirmation of all that is required, please send a request to admin@mosaicfs.com with "Loan Requirements" in the subject field and we will send it along.

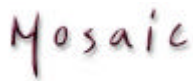
APPLICANT ONE

APPLICANT TWO

Are you planning to move to Cyprus at any time in the future? (If yes, please note when)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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ADDITIONAL INFORMATION

Please use this area to provide any additional information you think may be relevant.



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ASSETS, INCOME & LIABILITIES

APPLICANT ONE

APPLICANT TWO

NOTES

Where assets are jointly owned, please specify
joint ownership in applicant one column.

Please use this area to provide any additional
information you think may be relevant.

YOUR ASSETS	VALUE		VALUE	
	Annual	Monthly	Annual	Monthly
Home				
Other property (holiday/investment property)				
Contents and personal effects				
Business				
Deposits/savings				
Stocks & shares				
Investments/pensions				
Life insurance				
Car(s)				
Art				
Other (please specify)				
TOTAL ASSETS				
YOUR INCOME	Annual	Monthly	Annual	Monthly
Annual salary (gross)				
Monthly salary (net)				
Overtime (average net monthly)				
Bonuses/commission (gross annual)				
Benefits (rent, car, flights etc.)				
Income from rental of properties				
Unearned income (interest, dividends, etc.)				
Other (please specify)				
TOTAL INCOME				
YOUR LIABILITIES	Balance	Monthly	Balance	Monthly
Outstanding mortgage loan				
Bank loans/overdraft				
Credit cards				
Other (please specify)				
TOTAL LIABILITIES				
YOUR OUTGOINGS	Annual	Monthly	Annual	Monthly
Rent				
Education costs				
Insurances				
Other (please specify)				
TOTAL OUTGOINGS				

PLEASE NOTE: CYPRUS BANKS REQUIRE BOTH ANNUAL GROSS AND MONTHLY NET DATA. PLEASE ENSURE THAT YOU PROVIDE BOTH.

CLIENT DECLARATION

To the best of my/our knowledge the information provided in this document is accurate and complete. I/We understand that this information may be disclosed to appropriate parties in connection with obtaining my/our financing requirements but it will not be used for any other purposes whatsoever. I/We understand that signing this declaration confirms my/our acceptance of Mosaic's current terms. (In the event that clients wish to be certain they have received Mosaic's most recent terms they may send an email request to admin@mosaicfs.com and terms will be sent by return.) I/We also understand that the information provided here will be the basis of Mosaic's recommendations and any inaccuracies or omissions may result in inappropriate advice.

Name

Name

Signature

Signature

Date

Date