

Prepared for

Prepared by

Oates Breheny Financial Services (trading as Oates Breheny Group)
is regulated by the Central Bank of Ireland

PERSONAL DETAILS

	First named	Second named																																																
Title	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																																																
First name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																																																
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Gender	<input type="checkbox"/> Male <input style="margin-left: 100px;" type="checkbox"/> Female	<input type="checkbox"/> Male <input style="margin-left: 100px;" type="checkbox"/> Female																																																
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Nationality	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																																																
Smoker	<input type="checkbox"/> Yes <input style="margin-left: 100px;" type="checkbox"/> No	<input type="checkbox"/> Yes <input style="margin-left: 100px;" type="checkbox"/> No																																																
Civil status	<input type="checkbox"/> Married <input style="margin-left: 100px;" type="checkbox"/> Widowed	<input type="checkbox"/> Married <input style="margin-left: 100px;" type="checkbox"/> Widowed																																																
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Home telephone																																																		
Work telephone																																																		
Mobile telephone																																																		
E-mail address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																																																

EMPLOYMENT AND INCOME

	First named	Second named				
Tax status	<input type="checkbox"/> PAYE*/Dual** <input type="checkbox"/> Self employed <input type="checkbox"/> Retired <input type="checkbox"/> Proprietary director	<input type="checkbox"/> PAYE*/Dual** <input type="checkbox"/> Self employed <input type="checkbox"/> Retired <input type="checkbox"/> Proprietary director				
Employment sector	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
Occupation	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
Employer	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
Employer address	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>				
Employment benefits :						
Death in service benefits	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
Employer's income protection amount (p.a)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
Deferred period	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center; font-weight: bold;">Weeks</td> <td><input style="width: 85%;" type="text"/></td> </tr> </table>	Weeks	<input style="width: 85%;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center; font-weight: bold;">Weeks</td> <td><input style="width: 85%;" type="text"/></td> </tr> </table>	Weeks	<input style="width: 85%;" type="text"/>
Weeks	<input style="width: 85%;" type="text"/>					
Weeks	<input style="width: 85%;" type="text"/>					
Private health insurance details (Brief summary)	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>				
Income :						
Gross basic salary	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
Self employed taxable income	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
Annual rental income net of all taxes outlays:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
Deposit interest (after DIRT):	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
Non taxable income (include maintenance etc):	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
Other taxable income (include bonus, commission, overtime etc.):	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
Monthly State benefits :						
Monthly social welfare benefits (Unemployment, illness etc)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
Mortgage interest supplement	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
Monthly child benefit	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
Family income support	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				

FINANCIAL COMMITMENTS

Do you have any financial commitments? (*other than mortgages*) Yes No

Client	Commitment type	Provider	Present balance	Monthly payment	End date

PROPERTIES AND MORTGAGE

Do you own properties? (*with mortgage*) Yes No

Lending institution	Market value	Current loan balance	Current monthly repayment	Property address	Property address county	End date	Mortgage protection is in place
							<input type="checkbox"/> Yes
							<input type="checkbox"/> Yes
							<input type="checkbox"/> Yes
							<input type="checkbox"/> Yes

OTHER ASSETS

Do you have other assets? *(Including properties with out mortgage)*

Yes No

Client	Asset Type	Ref/Address	Current Asset Value	Original Value	Asset Details	Net Monthly Income	Date of Purchase	Split Asset
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes

PROTECTION PLANS

Do you have any protection plans? *(other than mortgage protection)*

Yes No

Client	Policy number	Product type	Provider	End date	Premium	Frequency	Value	Life cover	Serious Illness Cover	Income protection (p.a)

PENSION PLANS

Do you have any pension plans?

Yes

No

Client	Policy number	Product type	Provider	End date	Premium	Frequency	Value	Employer's premium (p.m)	Employee's premium (p.m)

INVESTMENT AND SAVINGS

Do you have any investment or savings?

Yes

No

Client	Institution	Type	Account / Reference number	Date account opened	Current balance / value

MONTHLY HOUSEHOLD EXPENDITURE

Calculated

Estimated

Total

Utilities

Electricity

Gas / Oil

Telephone / Internet /
Mobile phone

Television / Cable / TV
license

Refuse charges

Property tax + levies

Transport

Car maintenance / repair

Petrol / Diesel

Commuting / parking / tolls
(including school
transport)

Motor insurance / tax /
vehicle testing

Education

School / College fees

Clothing (Uniforms)

Expenses (school outlays
etc. inc. voluntary
contributions)

Travel

Books

Other

Other insurances & savings

Life assurance

Pension (if not deducted
at source)

Monthly saving

Other

Household

Home repairs

Food / Housekeeping /
Personal care

Childcare / creche

Elderly care

Clothing & footwear

Household repairs &
maintenance

Rent payable

Primary residence mortgage related costs

Mortgage protection /
endowment policy

Payment protection
insurance

Home insurance

Medical

Medical expenses

Private health
insurance

Social / Entertainment

Lifestyle (family events
etc)

Holidays

Club memberships

Gifts

Other (specify)

Other

Maintenance (spouse /
civil partner / other)

Other

Other

NEW MORTGAGE DETAILS

Do you need a mortgage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a first time buyer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Property type	<input type="checkbox"/> Maisonette	<input type="checkbox"/> Apartment	<input type="checkbox"/> Detached
	<input type="checkbox"/> Terrace	<input type="checkbox"/> Semi detached	
Location type	<input type="checkbox"/> Rural	<input type="checkbox"/> Urban	
Loan for self build	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Property value	<input type="text"/>		
Purchase price / build cost	<input type="text"/>		
Stamp duty payable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Stamp duty	<input type="text"/>		
Own contribution	<input type="text"/>		
Term	<input type="text"/>		
Negative equity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Residual debt	<input type="text"/>		
Total loan amount	<input type="text"/>		

Notes :

If you are applying for a new mortgage please advise brief details of any history of repayment arrears of mortgages or other loans.

(i) In addition to any notes relating to any loan experience please use this section to add any comment you wish to make regarding completion of the documentation. Additionally please advise us here of any plans you may have which may affect your financial planning.
