



... a professional approach to solving your money problems

P.O. BOX 31
 BACUP,
 LANCASHIRE, OL13 8DE.
 TELEPHONE: 01706 831777
 Fax: 01706 831177

INFORMATION QUESTIONNAIRE

YOUR DETAILS	YOUR PARTNER'S DETAILS
First Name(s) / Surname	First Name(s) / Surname
Address	Address
Home telephone	Home telephone
Work telephone	Work telephone
Mobile telephone	Mobile telephone
Date of Birth	Date of Birth
N.I. Number (if known)	N.I. Number (if known)
Job Title	Job Title
Employer	Employer
Name(s) & age(s) of dependants	Name(s) & age(s) of dependants
(1)	(1)
(2)	(2)
(3)	(3)
(4)	(4)
(5)	(5)

PROPERTY DETAILS

HOMEOWNER / TENANT / LIVING WITH FAMILY* (delete as applicable)

If homeowner:	
House value:	£
Mortgage balance outstanding:	£
Secured loan or other charge (if any):	£
Equity (if any):	£
Name and address of Mortgage Provider	Name and address of secured loan provider (if any)

VEHICLE DETAILS

	Vehicle 1	vehicle 2 (if any)
Make and model of vehicle:		
Year of manufacture:		
Registration Number:		
Approximate value:		
H.P outstanding (if any):		
Name and address of H.P. Co:		

OTHER ASSETS

Please list below any other items which you own that are of value (eg. endowment policies, stocks and shares, other property)
You should not include household or domestic furniture and equipment

INCOME & EXPENDITURE

Please provide details of all sources of income and reasonable expenditure

	£		£
Your net monthly income:		Mortgage/Rent:	
		Second mortgage:	
Partners net monthly income:		Secured loan(s):	
		Endowment policy:	
Child benefit:		Life insurance:	
		Council tax:	
Other:		Water:	
		Gas:	
Other:		Electricity:	
		Housekeeping:	
Other:		TV rent/licence:	
		Travel expenses:	
		School meals/meals at work:	
		Clothing:	
		Telephone:	
		H.P. (1)	
		H.P. (2)	
		Other:	
TOTAL		TOTAL	

AUTHORITY TO ACT

Please sign this authority where indicated

To whom it may concern:

I/we confirm that Moneytalk are acting on my/our behalf

I/we authorise such persons as Moneytalk request to disclose any information regarding my/our financial affairs to them

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Signed

Signed

Name

Name