



**For Internal Use Only**

Direct

Date application received

Broker

Thank you for choosing Conister Bank for your commercial mortgage needs. Whether you are looking to purchase a new commercial property or borrowing against a current property, we are here to make the application process as smooth and straightforward as possible.

Please complete the following application form with the necessary details. Our team is ready to assist you at every step, ensuring your application is processed efficiently.

Should you have any questions then please do not hesitate to contact us.

**Your mortgage journey starts here**

1. Mortgage type

Purchase

Refinance capital raising

2. About the property

Isle of Man commercial property address  
(Include postcode)

Property type  
eg unit, garage, workshop

Property use  
eg to purchase a retail unit

Year built

Tenure

Freehold

Leasehold

If leasehold

How many years remaining

Service charge

Ground rent

3. Borrowing requirements (£75,000 - £750,000)

Purchase price / value

£

Deposit  
[minimum 15%]

£

Mortgage required

£

4. Deposit

Please provide details of where and how the deposit will be derived

Amount

£

Source

Further details

5. Over how many years would you like to repay the commercial mortgage (5-15 years)

Commercial mortgage term years

## 6. Company Information

Full company name

(Including any trading or business names if applicable)

Nature of the business

Industry type

Date of incorporation/registration

(dd/mm/yy)

     

Country of incorporation/registration

Company incorporation number  
or registration number

Tax number

Registered Office address

(including postcode)

Principal place of business/operations

(if different to Registered Office, including post code)

Telephone number

Email address

Web address

Type of business

Limited company

☐

Number of directors

Partnership

☐

Number of partners

**Ownership details** – please include all beneficial owners with a 25% share or above

Name

% Ownership

Name

% Ownership

Name

% Ownership

Name

% Ownership

### Financial Information

| Year | Turnover | Gross profit | Net profit |
|------|----------|--------------|------------|
|      | £        | £            | £          |
|      | £        | £            | £          |
|      | £        | £            | £          |
|      | £        | £            | £          |

**For credit assessment purposes, has the business or any associated individual (director, partner, authorised signatory, or guarantor) ever:**

|                                                                                   |                              |                             |
|-----------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Had a property repossessed or been declared bankrupt?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Had any defaults registered against the business, or any missed or late payments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Failed to keep up repayments on a mortgage or finance agreement                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Been convicted of a criminal offence?                                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Had a mortgage declined?                                                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Anticipated any significant changes to the business?                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes to any of the above, please provide details below

**Current Business Commitments**

| Commitment type<br>E.g. Loan / Hire Purchase / Credit Card | Provider | Outstanding balance | Monthly payment | Term remaining (months) | Will this be repaid prior to completion?                 |
|------------------------------------------------------------|----------|---------------------|-----------------|-------------------------|----------------------------------------------------------|
|                                                            |          | £                   | £               |                         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                                                            |          | £                   | £               |                         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                                                            |          | £                   | £               |                         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                                                            |          | £                   | £               |                         | Yes <input type="checkbox"/> No <input type="checkbox"/> |

## Existing Mortgage

| Provider | Property address | Current value | Outstanding balance | Monthly payment |
|----------|------------------|---------------|---------------------|-----------------|
|          |                  | £             | £                   | £               |
|          |                  | £             | £                   | £               |
|          |                  | £             | £                   | £               |

## Current assets to include savings and investments

| Type | Provider | Value |
|------|----------|-------|
|      |          | £     |
|      |          | £     |
|      |          | £     |
|      |          | £     |
|      |          | £     |

## Advocate Details

(if known)

Company name

Name of person acting

Full address

(including postcode)

Contact number

Email address

## Payment Details

**This can be between the 1st and 28th of the month.**

What day of the month would you like the payment to be taken?

## Personal Details

Please provide details of all directors and partners of companies or partnerships.

Details should also be provided for **ALL** beneficial owners and shareholders who hold **25% or more of the shares or voting rights, and for any person who holds less than 25% but still exercises a controlling interest.**

|                                                                                                             | First                                                                                                                                              | Second                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Title [Mr/Mrs/Miss/other]                                                                                   | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Full name                                                                                                   | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Former name<br>(such as maiden name or any other names used [please state if none])                         | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Capacity [e.g. shareholder/controller]                                                                      | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Residential address<br>(including post code)                                                                | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| How long have you lived at address?<br>(move in date - dd/mm/yy)                                            | <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"/>                      |
| Date of birth {dd/mm/yy}                                                                                    | <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"/>                      |
| Place of birth                                                                                              | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Nationality<br>(if dual nationality state all)                                                              | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Gender                                                                                                      | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Telephone number                                                                                            | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Email address                                                                                               | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Preferred contact method                                                                                    | Phone <input type="checkbox"/> Email <input type="checkbox"/>                                                                                      | Phone <input type="checkbox"/> Email <input type="checkbox"/>                                                                                      |
| Current residential status                                                                                  | Home owner <input type="checkbox"/><br>Rental Tenant <input type="checkbox"/><br>Family <input type="checkbox"/><br>Other <input type="checkbox"/> | Home owner <input type="checkbox"/><br>Rental Tenant <input type="checkbox"/><br>Family <input type="checkbox"/><br>Other <input type="checkbox"/> |
| Are you currently, or have you been previously a Politically Exposed Person?                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                           | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                           |
| Do you have an immediate family member or close associate who is, or has been a Politically Exposed Person? | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                           | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                           |

For further information in respect of Politically Exposed Persons, please contact us.

|                                                                                                             | Third                                                                                                                                              | Fourth                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Title (Mr/Mrs/Miss/other)                                                                                   | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Full name                                                                                                   | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Former name<br>(such as maiden name or any other names used (please state if none))                         | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Capacity (e.g. shareholder/controller)                                                                      | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Residential address<br>(including post code)                                                                | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| How long have you lived at address?<br>(move in date - dd/mm/yy)                                            | <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"/>                      |
| Date of birth (dd/mm/yy)                                                                                    | <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"/>                      |
| Place of birth                                                                                              | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Nationality<br>(if dual nationality state all)                                                              | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Gender                                                                                                      | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Telephone number                                                                                            | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Email address                                                                                               | <input type="text"/>                                                                                                                               | <input type="text"/>                                                                                                                               |
| Preferred contact method                                                                                    | Phone <input type="checkbox"/> Email <input type="checkbox"/>                                                                                      | Phone <input type="checkbox"/> Email <input type="checkbox"/>                                                                                      |
| Current residential status                                                                                  | Home owner <input type="checkbox"/><br>Rental Tenant <input type="checkbox"/><br>Family <input type="checkbox"/><br>Other <input type="checkbox"/> | Home owner <input type="checkbox"/><br>Rental Tenant <input type="checkbox"/><br>Family <input type="checkbox"/><br>Other <input type="checkbox"/> |
| Are you currently, or have you been previously a Politically Exposed Person?                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                           | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                           |
| Do you have an immediate family member or close associate who is, or has been a Politically Exposed Person? | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                           | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                           |

For further information in respect of Politically Exposed Persons, please contact us.

If more than four individuals are applying, please complete an additional application form.

## Application Declaration

1. I acknowledge that Conister Bank will collect and use my personal information as set out in its Privacy Notice. I confirm that I have been informed that a copy of the Privacy Notice is available on the bank's website at [www.conisterbank.co.im/privacy-policy](http://www.conisterbank.co.im/privacy-policy), and I agree that my information may be processed in accordance with its terms.
2. I understand the information I provide will form the basis of my contract with Conister Bank.
3. I will inform Conister Bank if any other material facts that could reasonably be construed as likely to influence the decision about this mortgage loan application, but which have not been disclosed through the specific questions in this application form.
4. I certify the information given is true, accurate, complete and up to date to the best of my knowledge and belief. I confirm and acknowledge that the decision to lend is based on this information.
5. I confirm that no party to this application has been refused credit, been bankrupt, or failed to keep up with regular mortgage or rental payments. If this declaration cannot be made, then full details of why it cannot be made must be provided.
6. I understand that Conister Bank may decline this application without being required to state a reason.
7. I understand that a credit search will be carried out by Conister Bank.
8. I am over 21 years of age.
9. I will notify Conister Bank of any changes in my circumstances which occur before the mortgage is completed. Or any reason or event that may affect my ability to repay.
10. I acknowledge that the information I have provided will be used to assess affordability and suitability to enter into a mortgage with Conister Bank.
11. I am aware of the monthly payments, and I am happy that they are affordable. I am comfortable with the proposal made.
12. I understand that while Conister Bank can provide information about its products and services, the decision to proceed with any product is solely my responsibility, as no advice has been given by Conister Bank.
13. If I borrow and do not keep up with the repayments, Conister Bank may inform credit reference agencies who will record the outstanding debt.
14. I acknowledge the need of Building Insurance and commit to maintaining full coverage for the property until the loan is fully repaid.

### Consent to receive life cover / insurance assistance from Edgewater Associates Limited ("Edgewater")

Edgewater, our sister company, can provide assistance on reviewing life cover and or insurance including general insurance requirements.

Please indicate if you would like to be contacted by Edgewater for this purpose and consent to your contact details being passed to them for this purpose.

Yes ☐

**If you tick the 'Yes' box, we will transfer only your contact details and the reason to Edgewater to allow them to contact you. They may require further information to be able to assist you which they will seek from you directly. If you have any questions or concerns about this option, please do not hesitate to contact us.**

# Signatures

## First

Signature

Print name

Capacity

Date

## Second

Signature

Print name

Capacity

Date

## Third

Signature

Print name

Capacity

Date

## Fourth

Signature

Print name

Capacity

Date

## Please return this form to:

Conister Bank Limited  
Clarendon House  
Victoria Street  
Douglas  
Isle of Man  
IM1 2LN

## Telephone

+44 (0)1624 694694

## Email:

mortgages@conisterbank.co.im

**conisterbank.co.im**

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