



PURCHASE QUESTIONNAIRE

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|---|--|
| Address of Property to be purchased: | |
| Purchase Price | £ |
| First Purchaser's Full Names: | Mr/Mrs/Miss/Ms |
| National Insurance No: | |
| Date of Birth: | |
| Occupations: | |
| Telephone numbers | |
| Email | |
| Additional Purchaser's Full Names: | Mr/Mrs/Miss/Ms |
| National Insurance No: | |
| Date of Birth: | |
| Occupations: | |
| Telephone number | |
| Email | |
| Your Present Full Address: | |
| To which mortgage company have you applied for a mortgage and how much are you borrowing? | |
| Please confirm where the balance of the purchase monies is coming from | Sale Gift Loan Savings Other (if gift please see attached Gifted Monies Form) |
| Would you like to be contacted about making a will? | Yes / No |
| Would you like Attwaters Jameson Hill to register the fraud restriction as referred to in the leaflet attached? | Yes / No |

