

Customer Information Form

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We are delighted that you are interested in our products and services and we wish to progress your enquiry as efficiently as possible.

To help us do so, please complete all relevant sections of this Customer Information Form, using a ballpoint pen. By completing and returning this form it will greatly assist us in preparing in advance for your interview. If it is not possible for you to return this form in advance, you can bring it along to your interview. If you require any assistance in completing this form, please contact any member of staff who will be pleased to assist you.

Please select the purpose of your enquiry:

- ☐ Current Accounts, including Credit Cards
- ☐ Mortgage/Mortgage Protection and Home Insurance
- ☐ Personal Loan

When you call to the Bank for your interview, please bring the following:

[Employed and Self Employed Persons]

- Proof of identification and address (e.g. Current passport or Drivers Licence and Utility Bill)
- Copy of latest P60
- Salary slips covering three months (most recent)
- Bank statements for the previous three months (if customer of another bank)

If applying for a mortgage, please also bring:

- Latest statement of existing mortgage account (if transferring mortgage from another bank)
- If building a property: copy plans, planning permission, building cost estimates
- Current mortgage protection (ie. Life & Critical Illness) policies

[Self Employed Persons only]

- Previous 3 years audited / certified accounts

Should you not be able to provide the documents listed above, please contact us and we can advise you of alternative forms of acceptable documentation.

This is not an application for, or an offer of any of our products or services.

All credit facilities are subject to age and status. All products and services are subject to terms and conditions.

Certain credit facilities may be subject to security.

Personal Details

First Person	Second Person
Tick as appropriate	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
First Name	First Name
Surname	Surname
Address	Address
Day time Contact Number Mobile Number	Day time Contact Number Mobile Number
E-mail address	E-mail address
Birth place	Country of Birth
Date of Birth (Day/Month/Year)	Date of Birth (Day/Month/Year)
Marital Status	
Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Civil Partner <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Civil Partner <input type="checkbox"/>
Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabitant/Partner <input type="checkbox"/>	Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabitant/Partner <input type="checkbox"/>
No. of dependants/children (and children[s] year[s] of birth)	No. of dependants/children (and children[s] year[s] of birth)
Existing Danske Bank Customer	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No how long with existing Main Bank?	
What is the nature of business you expect to conduct with the bank?	
What is the source of funds?	
Pension <input type="checkbox"/> Savings <input type="checkbox"/> Salary <input type="checkbox"/>	
Other (Please detail) <input type="checkbox"/>	

Employment Details

First Person	Second Person
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/>
Unemployed <input type="checkbox"/> Agency Contract <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/>	Unemployed <input type="checkbox"/> Agency Contract <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/>
Occupation	Occupation

Current Employer Details

First Person	Second Person
<div>Name</div>	<div>Name</div>
<div>Address</div>	<div>Address</div>
<div>Business Type (If self employed)</div> <div>Length of Service (Years/Months)</div> <div></div>	<div>Business Type (If self employed)</div> <div>Length of Service (Years/Months)</div> <div></div>
<div>Income Frequency</div> <div>Weekly []Fortnightly []Monthly []Other []</div>	<div>Income Frequency</div> <div>Weekly []Fortnightly []Monthly []Other []</div>
<div>How is your income paid?</div> <div>Cheque []Cash []Direct to Danske Bank []Direct to other Bank []</div>	<div>How is your income paid?</div> <div>Cheque []Cash []Direct to Danske Bank []Direct to other Bank []</div>
<div>Do you expect to remain with your existing employer?</div> <div>Yes []No []</div>	<div>Do you expect to remain with your existing employer?</div> <div>Yes []No []</div>
<div>Previous Employer (If less than 2 years in current job)</div>	<div>Previous Employer (If less than 2 years in current job)</div>
<div>Length of service with previous Employer (Years/Months)</div>	<div>Length of service with previous Employer (Years/Months)</div>
<div>Do you have any other Employment?</div> <div>Yes []No []</div>	<div>Do you have any other Employment?</div> <div>Yes []No []</div>
<div>If Yes - Details</div>	<div>If Yes - Details</div>
<div>As part of your Employee benefits - Do you have</div>	<div>As part of your Employee benefits - Do you have</div>
<div>Medical Insurance</div> <div>Share Option / Scheme</div> <div>Pension Arrangement</div> <div>Yes []No []Yes []No []Yes []No []</div>	<div>Medical Insurance</div> <div>Share Option / Scheme</div> <div>Pension Arrangement</div> <div>Yes []No []Yes []No []Yes []No []</div>
<div>Gross Annual Salary / Income</div> <div>£</div>	<div>Gross Annual Salary / Income</div> <div>£</div>
<div>Annual Overtime / Commission/ Bonus</div> <div>£</div>	<div>Annual Overtime / Commission/ Bonus</div> <div>£</div>
<div>Net Monthly Income</div>	<div>Net Monthly Income</div>
<div>Wages/Salary</div> <div>£</div>	<div>Wages/Salary</div> <div>£</div>
<div>Rental</div> <div>£</div>	<div>Rental</div> <div>£</div>
<div>Pension</div> <div>£</div>	<div>Pension</div> <div>£</div>
<div>Investment</div> <div>£</div>	<div>Investment</div> <div>£</div>
<div>Other (detail)</div> <div>£</div>	<div>Other (detail)</div> <div>£</div>
<div>Total</div> <div>£</div>	<div>Total</div> <div>£</div>
<div>Primary Residence Details*</div>	<div>Primary Residence Details*</div>
<div>Type (apartment/detached/semi-detached/other)</div>	<div>Type (apartment/detached/semi-detached/other)</div>
<div>Residential Status (owner/tenant/ living with parents/lodger etc.)</div>	<div>Residential Status (owner/tenant/ living with parents/lodger etc.)</div>
<div>Value</div> <div>£</div>	<div>Value</div> <div>£</div>
<div>Date Purchased</div>	<div>Date Purchased</div>
<div>Household & Contents Valuables</div> <div>£</div>	<div>Household & Contents Valuables</div> <div>£</div>

First Person	Second Person
Primary Residence Mortgage Details: *	Primary Residence Mortgage Details: *
Outstanding Mortgage	Outstanding Mortgage
Type (Capital&Interest/Interest Only/ Endowment/Pension etc.)	Type (Capital&Interest/Interest Only/ Endowment/Pension etc.)
Remaining Term (Years/Months)	Remaining Term (Years/Months)
Lender	Lender
Current rate of Interest Type of Rate (Fixed/Variable/Tracker etc.)	Current rate of Interest Type of Rate (Fixed/Variable/Tracker etc.)
Is your Mortgage insured against	Is your Mortgage insured against
Death Yes [] No []	Death Yes [] No []
Serious Illness Yes [] No []	Serious Illness Yes [] No []
Payment Protection Yes [] No []	Payment Protection Yes [] No []

Net Monthly Expenditure for Primary Residence*

	First Person	Second Person	Joint
Mortgage/Rent			
Rates/Local Authority Charges			
Gas			
Electricity			
Associated Insurance Policies			
Associated Other Loans			
Building/Contents Insurance			
Other			
Total Net Monthly Expenditure for Property			
* If you hold additional property please now complete the Additional Property Details Section of this Form making as many copies of that Section as you require for each property			

First Person	Second Person
Additional Property Details	Additional Property Details
Type (apartment/detached/semi-detached/other)	Type (apartment/detached/semi-detached/other)
Residential Status (owner/tenant/ living with parents/lodger etc.)	Residential Status (owner/tenant/ living with parents/lodger etc.)
Value £	Value £
Date Purchased	Date Purchased
Household & Contents Valuables £	Household & Contents Valuables £
Mortgage Details	Mortgage Details
Outstanding Mortgage	Outstanding Mortgage
Type (Capital&Interest/Interest Only/Endowment/Pension etc.)	Type (Capital&Interest/Interest Only/Endowment/Pension etc.)
Remaining Term (Years/Months)	Remaining Term (Years/Months)
Lender	Lender
Current rate of Interest	Current rate of Interest
Type of Rate (Fixed/Variable/ Tracker etc.)	Type of Rate (Fixed/Variable/ Tracker etc.)
Is your Mortgage insured Against	Is your Mortgage insured Against
Death Yes [] No []	Death Yes [] No []
Serious Illness Yes [] No []	Serious Illness Yes [] No []
Payment Protection Yes [] No []	Payment Protection Yes [] No []

Net Monthly Expenditure for Additional Property

	First Person	Second Person	Joint
Mortgage/Rent			
Rates/Local Authority Charges			
Gas			
Electricity			
Associated Insurance Policies			
Associated Other Loans			
Building/Contents Insurance			
Other			
Total Net Monthly Expenditure for Property			

Net Monthly General Expenditure

	First Person	Second Person	Joint
Hire Purchase			
Telephone			
TV Licence			
Life Assurance			
Pension Plan			
Personal Loans			
Child Care			
Education Fees			
Credit Card(s)			
Car Insurance and Road Tax			
Petrol			
Subscriptions			
Food/Drink/General Household Expenditure			
Clothing			
Holiday			
Other			
Total Net Monthly Expenditure			

Assets

Name/Type	Provider	Interest Rate	Term	Balance	Ownership
Current Accounts					
Instant Access Savings					
Notice Account Savings					
Term Deposit Account(s)					
ISA's					
Other					

Existing Policies

Please bring all additional policy summary documents

Liabilities

Name/Type	Provider	Interest Rate	Original Amount	Outstanding Balance	Expiry Date	Type	Credit Limit Credit Card only)	Ownership
Personal Loan(s)								
Hire Purchase								
Overdraft								
Credit Card(s)								
Store Card(s)								
Cheque Guarantee Card								
Other								

You declare by your signature below that the details you have provided in this Information Form are true and accurate.

Date

Signature First Person

Date

Signature Second Person