

# Quote data capture form - key information



With our transformation to a new online quote apply and business tracking system - here's an example of the key information you'll need to complete online for the best interest rates available

You'll need to login to submit key client data (<https://connect.avivab2b.co.uk/public/Adviser/Login>)

	Client 1	Client 2
Title	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
DOB	<input type="text"/>	<input type="text"/>
Sex at birth	<input type="text"/>	<input type="text"/>
<b>Property</b>		
Postcode	<input type="text"/>	
House Name/Number	<input type="text"/>	
Estimated property value	<input type="text"/>	
House/Flat (If the property is a flat, please fill in and include the 'Flat enquiry form')	<input type="text"/>	
If house or bungalow: Detached, end of terrace, mid terrace or semi detached	<input type="text"/>	
If flat or maisonette: Conversion or purpose built	<input type="text"/>	
Freehold, Feuhold, Commonhold or Leasehold	<input type="text"/>	
If leasehold, how many years are remaining on the lease?	<input type="text"/>	
<small>(The sum of the years remaining on the lease plus the age of the youngest borrower must equal at least 160. For example, if the youngest borrower is 65, at least 95 years must be left on the lease. If the sum of the youngest borrower's age and the lease length is exactly 160, please provide the end date of the lease. The minimum lease length required is 75 years regardless of the youngest borrower's age). For more information view our <b>Flat enquiry form</b>.</small>		
<b>Loan options</b>		
Rebroke case (Y/N)	<input type="text"/>	
Initial Loan Amount Required (or maximum)	<input type="text"/>	
Reserve Amount Required (or maximum)	<input type="text"/>	
Inheritance Guarantee % (if applicable)	<input type="text"/>	
ERC basis (Fixed % based or Gilt based)	<input type="text"/>	

# Health and Lifestyle Questions

We may be able to offer a better interest rate and/or loan to value if we have details about your client’s health and lifestyle. Your client(s) must give their explicit consent to use this information.

It’s important that the details you give us are accurate. These details will tell us if you qualify for an enhanced lifetime mortgage. If anything you have told us is inaccurate we may amend your offer. We may ask your doctor for a medical report to confirm the details you give us, but it’s your responsibility to give us the correct information.

	Client 1			Client 2				
What is your weight?	<input type="text"/> st	<input type="text"/> lbs	or	<input type="text"/> kg	<input type="text"/> st	<input type="text"/> lbs	or	<input type="text"/> kg
What is your height?	<input type="text"/> ft	<input type="text"/> ins	or	<input type="text"/> cms	<input type="text"/> ft	<input type="text"/> ins	or	<input type="text"/> cms

**Please tick all boxes that apply**

	1st Applicant	2nd Applicant
1. Have you smoked more than 10 cigarettes per day or 2.5oz (70g) of rolling tobacco per week on a regular basis for the last 10 years or more?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have high blood pressure (hypertension) which requires prescribed daily medication?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been diagnosed with diabetes which is controlled by tablets or insulin?	<input type="checkbox"/>	<input type="checkbox"/>
4. a) Have you had a heart attack, coronary artery bypass graft or coronary angioplasty? or b) Have you been diagnosed with angina which requires prescribed daily medication?	<input type="checkbox"/>	<input type="checkbox"/>
5. a) Have you had a stroke (CVA) or b) Have you had a mini stroke (TIA) within the last 5 years that requires prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been diagnosed with multiple sclerosis that requires the use of walking sticks or similar aids?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been diagnosed in the last 5 years with any of the following that required chemotherapy or radiotherapy; cancer, leukaemia, Hodgkin’s disease, lymphoma, any malignant growth or tumour?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you been diagnosed with Parkinson’s disease that requires the use of walking sticks or similar aids?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been advised by a <b>medical professional</b> to take early retirement due to ill health? <b>Do not tick if early retirement was due to:</b>	<input type="checkbox"/>	<input type="checkbox"/>
– Anything disclosed above or		
– Musculoskeletal disorder (e.g. osteoarthritis, rheumatoid arthritis, back, neck, shoulder or joint pains) or		
– Mental health disorder (e.g. anxiety, stress, depression or any mental or nervous illness)		

## Health and Lifestyle Questions continued

Please tick all boxes that apply

1st Applicant 2nd Applicant

10. Have you been diagnosed with any of the following? – Please tick which applies:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| - Dementia (including Alzheimer's Disease)                          | <input type="checkbox"/> | <input type="checkbox"/> |
| - Chronic kidney failure  | <input type="checkbox"/> | <input type="checkbox"/> |
| - Heart, kidney, liver or lung transplant                           | <input type="checkbox"/> | <input type="checkbox"/> |
| - Cirrhosis of the liver  | <input type="checkbox"/> | <input type="checkbox"/> |
| - Motor Neuron Diseases   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Heart valve replacement   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Peripheral Vascular disease (including Intermittent Claudication) | <input type="checkbox"/> | <input type="checkbox"/> |
| - Hepatitis C   | <input type="checkbox"/> | <input type="checkbox"/> |
| - HIV   | <input type="checkbox"/> | <input type="checkbox"/> |

