

GRANITE underwriting

Convictions Form

Supplementary form attaching to and forming part of your proposal

Personal details (please use block capitals)

Title (Mr/Mrs/Miss/Other)	Forenames	Surname		
Address				
		Post code	How long at this address	Years
Type of property	House <input type="checkbox"/>	Flat <input type="checkbox"/>	Bedsit <input type="checkbox"/>	Owned <input type="checkbox"/> Rented <input type="checkbox"/>
Are you on the electoral roll	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you ever changed your name	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If 'Yes' please provide details				
National Insurance No		Driving Licence No		
Marital status: Married <input type="checkbox"/> Co-habiting <input type="checkbox"/> Single <input type="checkbox"/>				
Number of children living with you: Male <input type="checkbox"/> Ages <input type="checkbox"/> Female <input type="checkbox"/> Ages <input type="checkbox"/>				
Please provide details of any physical or mental conditions or personal history of drugs/drinks abuse or use of anti-depressants				

Financial history

Have you ever had a County Court judgement registered against you in the last 6 years or defaulted on any credit agreement (including loans) Yes <input type="checkbox"/> No <input type="checkbox"/>				
Note: You must give details of any judgements even those subsequently satisfied				
Which Credit Cards do you hold Amex <input type="checkbox"/> Visa <input type="checkbox"/> Debit <input type="checkbox"/> Other <input type="checkbox"/>				
Do you have a Bank Account		Deposit <input type="checkbox"/>	Current <input type="checkbox"/>	

Convictions Form (continued)

Convictions

Total number of offences

Please complete a separate form for each offence

NB This insurance cover is subject to production of a Subject Access Printout within 45 days of inception, confirming exactly what is written down by you here

Case No (if known)	Type of offence	Date of offence	Date of conviction	Type of sentence: Custodial / Non-custodial

Circumstances / Additional information

If custodial:

Length of sentence

Did you qualify for early release Yes No

Date of release

Was the offence committed in the area in which you now live Yes No

What was your occupation at the time of the offence

How much money was involved £

If a financial offence was the money repaid Yes No

Declaration (must be completed and signed in the hand of the applicant)

I declare to the best of my knowledge that the information given is correct

Proposer's signature

Date

This form should be completed by the proposer only. If completed by someone else then please state name

and relationship to proposer