FACILITY APPLICATION FORM

LEAD CONTACT

Name	
Position	
Mobile Number	
Email	

BORROWER (CORPORATE)

Company Name	
Company Number	
Company Registered Office	
Date Of Incorporation	
Number Of Directors	
Names Of Directors	
Person(s) With Significant Control	
Breakdown Of Share Ownership	
Nature Of Company's Business	

PLEASE COMPLETE THE NEXT SECTION FOR EACH PERSON WITH SIGNIFICANT CONTROL (PSC) OF THE COMPANY

BORROWER/PSC 1 (INDIVIDUAL)

Title (Mr/Mrs/Miss/Other)	
Full Name	
Date Of Birth	
Residential Address	
Mobile Number	
Email	
Employment Status	
Gross Income Per Year	

BORROWER/PSC 2 (INDIVIDUAL)

Title (Mr/Mrs/Miss/Other)	
Full Name	
Date Of Birth	
Residential Address	
Mobile Number	
Email	
Employment Status	
Gross Income Per Year	

FACILITY DETAILS

Facility amount	
Facility term	
Repayment type	
Purpose of facility	

SECURITY DETAILS

SECURITY 1

Security address	
Residential or Commercial	
Is the property tenanted?	
Names(s) of Tenant	
Current total rent	
Purchase price	
Purchase date	
Existing lender	
Existing lender balance	
Existing lender arrears	

Estimated value	

SECURITY 2

Security address	
Residential or Commercial	
Is the property tenanted?	
Names(s) of Tenant	
Current rent	
Purchase price	
Purchase date	
Existing lender	
Existing lender balance	
Existing lender arrears	
Estimated value	

SECURITY 3

Security address	
Residential or Commercial	
Is the property tenanted?	
Names(s) of Tenant	
Current rent	
Purchase price	
Purchase date	
Existing lender	
Existing lender balance	
Existing lender arrears	
Estimated value	

SECURITY 4

Security address	
Residential or Commercial	
Is the property tenanted?	
Names(s) of Tenant	
Current rent	
Purchase price	
Purchase date	
Existing lender	
Existing lender balance	
Existing lender arrears	
Estimated value	

DECLARATION

I/We confirm and declare that the information contained and supplied by me/us is true, accurate and correct and complete to the best of my/our knowledge and belief. I/We confirm that I/we agree for my/our details to be used in accordance with the Data Protection Act 2018 relating to the use of my/our personal information. I/We hereby agree that you may carry out appropriate checks to verify information contained in this application and I/we consent to such checks whether manual or electronic which may be carried out by you or third parties.

Name	
Capacity (Director and/or Borrower)	
Signature	
Date	

Name	
Capacity (Director and/or Borrower)	
Signature	
Date	

Name	
Capacity (Director and/or Borrower)	
Signature	
Date	

Name	
Capacity (Director and/or Borrower)	
Signature	
Date	

DOCUMENT CHECKLIST

Identification for all borrowers and PSCs ☐

Proof of address for all borrowers and PSCs ☐

Evidence of source of funds ☐

INTERNAL USE ONLY

FACILITY SANCTIONED BY	
DATE OF SANCTION	
FACILITY AMOUNT	
FACILITY TERM	
FACILITY RATE	
FACILITY SECURITY	
FACILITY LOAN TO VALUE	
FACILITY ARRANGEMENT FEE	