

Please complete all sections and email to
enquiries@businessfinancial.co.uk

Introducer details

Contact name

Company name

Telephone number

Mobile number

Fax number

Email

Can we contact your client direct?

Yes

No

If yes, who is the best person(s) to contact?**Client details | Applicant/director/partner 1****Applicant/director/partner 2***If there are 3 or more
please provide their
details separately*

Title & full name

Title & full name

Home address & postcode

Home address & postcode

Date of birth

Date of birth

Telephone number

Telephone number

Mobile number

Mobile number

Fax number

Fax number

Email

Email

Will the borrowing be in the name(s) of?

Individual(s)

Partnership

Limited
company

Other _____

If the application is in the name of a company what is it's name?**6 months business bank statements and most recent accounts required for company applications**

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Borrowing requirements

Total loan required	£ <input type="text"/>	Build costs required	£ <input type="text"/>	Purchase price/ Remortgage required	£ <input type="text"/>
Term required	<input type="text"/> months	Applicant's contribution	£ <input type="text"/>	Source of contribution	

Security details

Security address

Description/type of security

Purchase price	£ <input type="text"/>	Current valuation	£ <input type="text"/>	Gross development (end) value	£ <input type="text"/>
Purchase date	<input type="text"/>	Planning Permission	Outline <input type="checkbox"/> Yes <input type="checkbox"/> No	Detailed <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional/supporting security details

Security address

Description/type of security

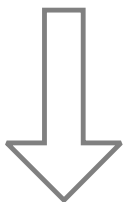
Purchase price	£ <input type="text"/>	Current valuation	£ <input type="text"/>	Current mortgage outstanding	£ <input type="text"/>
Purchase date	<input type="text"/>				

Please provide any additional information that you feel is relevant. In all cases this must include:

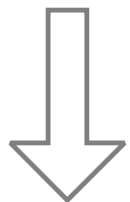
- | | |
|---|---|
| <input checked="" type="checkbox"/> Schedule of works and costings (detailed) | <input checked="" type="checkbox"/> Relevant experience of the applicant |
| <input checked="" type="checkbox"/> Any adverse credit history | <input checked="" type="checkbox"/> Applicant's other current developments (if any) |
| <input checked="" type="checkbox"/> Relevant planning permission(s) | |

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Tel: 01543 40 46 50 | Fax: 01543 40 52 90 | Email: enquiries@businessfinancial.co.uk
www.businessfinancial.co.uk



Fax completed form to **01543 40 52 90**
or email to: **enquiries@businessfinancial.co.uk**





Client Authorities

Applicant 1: _____

Address: _____

Applicant 2: _____

Address: _____

Important must be signed by all Clients

I / We authorise you to make such enquiries and obtain such confirmations and references as you may deem appropriate for any Person or Company, including Accountant, Credit Bureau, Mortgage or Lending Companies and Solicitors now or at any time in the future with reference to my / our mortgage / loan application and that this information may be received by email or fax.

Signed: _____

Name: _____

Date: _____

Signed: _____

Name: _____

Date: _____