|  |  |
| --- | --- |
| **PROPOSAL FORM** | |
| Broker |  |
| Sales Person |  |
| Mobile/email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Client details*** | | | |
| Business Name |  | Address |  |
| Trading as |  | Postcode |  |
| Director/Contact |  | Co.Reg.No |  |
| Contact phone |  | Trading since |  |
| Contact email |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Introducer Permissions – Data Protection Consent*** | | | |
| **[Insert broker name]** confirms that they have complied with all requirements under the Data Protection Act and are entitled to disclose information about the applicant(s) and authorise us to search and record information about them. | | | |
| The Business |  | Permission |  |
| The Following Individuals (Directors/Partners/Principals): | | | |
| Full Name |  | Permission |  |
| Full Name |  | Permission |  |
| Full Name |  | Permission |  |
| Full Name |  | Permission |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Director/Partner details – MUST BE HOMEOWNERS*** | | | | | | | | | |
| **Director/Partner 1** | | | | | **Director/Partner 2** | | | | |
| Name |  | | | | Name |  | | | |
| Date of Birth |  | | | | Date of Birth |  | | | |
| Address |  | | | | Address |  | | | |
|  | | | |  | | | |
|  | | | |  | | | |
| Postcode |  | | | | Postcode |  | | | |
| Time at this address |  | Years |  | Months | Time at this address |  | Years |  | Months |

**IF THERE ARE MORE THAN 2 DIRECTORS PLEASE PROVIDE NAME, ADDRESS AND D.O.B**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Facility Details*** | | | |
| **HP / Lease** | | **Loan** | |
| Asset Cost |  | Loan Purpose |  |
| VAT |  | Advance |  |
| Deposit |  | Period (12-36 months) |  |
| Advance |  | Net Yield |  |
| Period (24-60 months) |  | Commission |  |
| Net Yield |  |  |  |
| Commission |  |  |  |

|  |  |
| --- | --- |
| ***Asset details*** | |
| Manufacturer |  |
| Model |  |
| New/used |  |
| Year of manufacture |  |
| Supplier name |  |
| Address |  |
|
|
| Postcode |  |
| Name & Contact Number |  |

|  |
| --- |
| ***Supporting comments*** |
|  |

|  |  |
| --- | --- |
| ***Ancillary Information in support of this proposal (✓ applicable items)*** | |
| Audited accounts |  |
| Management accounts |  |
| Latest 3 months bank statements (please confirm current overdraft allowance & renewal date) |  |
| Asset & Liability Statement |  |
| Confirmation of no HMRC arrears/time to pay arrangements |  |

Additional Proposal Form Information – Coronavirus

**Please complete and submit this form with your proposal to help our credit team understand how the business may have been affected by the COVID-19 pandemic.**

How has COVID-19 affected the business?

What additional steps have the directors taken to safeguard their business i.e. reduced hours & salaries, furloughing staff?

Has the business taken advantage of the government loan schemes and if so what have they used them for in the business?

If applicable, please confirm what the bank overdraft facility is and when it will be renewed

Please outline any forbearance currently given or received.

Please confirm if the business has any HMRC arrears or Time to pay arrangements.