



PARTNERSHIP FINANCE LTD

PROPOSAL FORM

Before completing this Proposal Form please refer to the Data Protection Act Declaration on the next page

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COMPANY DETAILS

Business Name	
Address	
Telephone number	
e-mail address	
Company registration number	
Nature of business	

DIRECTOR/PARTNER/PROPRIETOR DETAILS

Title	
Full first name(s)	
Surname	
Date of birth	
Address	
% shareholding	

Title	
Full first name(s)	
Surname	
Date of Birth	
Address	
% shareholding	

Title	
Full first name(s)	
Surname	
Date of birth	
Address	
% shareholding	

Title	
Full first name(s)	
Surname	
Date of birth	
Address	
% shareholding	

OTHER MAJOR SHAREHOLDERS

Title	
Full first name(s)	
Surname	
Date of birth	
Address	
% shareholding	

Company name	
Co. registration number	
Address	
% shareholding	

CONNECTED COMPANIES

Business Full Name	Registration Number	Relationship

SALES LEDGER DETAILS (INCLUDING VAT)

Month And Year	INVOICES		CREDIT NOTES		Sales ledger balance	Bad debts
	Value (000's)	Number	Value	Number		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
TOTALS						

SALES FORECAST FOR NEXT 12 MONTHS (INCLUDING VAT) : £

WHAT ARE YOUR TERMS OF TRADE?

DO YOU HAVE EXPORT SALES?: NO YES ⇒ %AGE OF TURNOVER : %

DO YOU HAVE CREDIT INSURANCE?: NO YES ⇒ NAME OF INSURER :

Data Protection Act Declaration

By signing this declaration I understand that :

- information I have provided in this application and any other information relating to my/our account(s) may be processed and disclosed in the ways described below
- My /our personal data may be shared with any company from time to time forming part of the same Group as Partnership Finance Limited along with the Introducer/Associated Companies/Insurers (if applicable)
- My /our details will be checked with Credit Reference Agencies (CRAs) and Fraud Protection Agencies and recorded with them if you suspect fraud
- Any sensitive information obtained will only be processed to provide the service requested
- I am/we are entitled to disclose information about any co-applicant (s) or guarantors/authorised signatories/nominated user(s) and/or anyone else referred to by me/us and authorise you to search and record information at CRAs about each of us. Except in the case of Limited Companies, an 'association' will be created at the CRAs which will link our financial records

CERTIFICATION (TO BE SIGNED BY AT LEAST ONE DIRECTOR/PARTNER)

I/we certify that to the best of our knowledge and belief the information we have given is correct and we are not aware of any matters or circumstances which we have not disclosed to you which might influence your decision, thereby confirming that I/we, the undersigned have not been involved in an executive capacity in any business that has failed in the last 3 years save those advised to you. We further certify that there are no writs, summonses, judgements, winding up/receiving orders or bankruptcy petitions outstanding or threatened against this company/fire or its directors/partners/proprietors.

Name : Signature : Date :