Once Completed Fax to: 01563 852111 or e-mail to info@braemarfinance.co.uk

If unable to send by fax or email applications may also be telephoned through on: 01563 852113

BRAEMAR FINANCE

This section must be full	y completed by the business pr	oviding the proce	edure or service PRIOR to submission
Business name		Name of principle (where applicable)	
Business contact B		Business telephone number	
Business email address			
Client Loan Application Form			
Before you begin Only apply if you can answer "yes" to the following 3 questions	 Do you have a good credit his Do you have a UK bank accounce Are you aged 18 or over? 		
	1st client - Person receiving the procedur	re (unless a minor)	2nd client - Guarantors details
Title *	Mr Miss Mrs Ms	Dr Prof	Mr Miss Mrs Ms Dr Prof
First name * (do not use abbreviations/nicknames)			
Middle name(s) *			
Surname *			
Date of birth *	D D / M M / Y Y		D D / M M / Y Y
Full home address * (including Town plus County)			
	Post code *		Post code *
Time at address *	Years Months		Years Months
If less than 3 years - previous address(s) required * [including postcode(s)]			
Home telephone number *	Post code *		Post code *
(including dialling code)			
Mobile telephone number			
E-mail address			
Home ownership status *	Own Rent Living with parents Living with relatives	th Living with a Partner	Own Rent Living with parents Living with relatives Living with a Partner
Employment			
Tick if	Employed Self Employed Retired	Invalidity / Disability Benefit	Employed Self Employed Retired Invalidity / Disability Benefit
Occupation * (where Self Employed indicate nature of Self Employment)			
Employer's name *			
Employer's address * (including Town plus County)	Post code *		
Employer's telephone number * (including dialling code)			
Time self employed * or Time with employer *	Years Months		Years Months
Income * (Please tick applicable box) N.B. proof may be required	Under £10,001- £20,001- £30,000 £40,0		Under £10,001- £20,001- £30,001- £40,001+
Bank details			
Bank name * Account name * (e.g. Mr A. N. Other)			
Account number * (N.B. 8 Digits in length)		Sort code *	
Your loan			
Amount you wish to borrow *	£ Number of repayments *		Monthly repayment*
Signed by the applicant	Dated		Dated

To help us make credit decisions about you, to prevent fraud, to check your identity, to prevent money laundering and to administer your application and account, we may search the files of credit reference agencies who will record any credit searches on your file (whether or not your application is successful). We may also disclose details of how you conduct your account to such agencies. This information may be used by other credit grantors for making credit decisions about you and the people with whom you are financially associated, for fraud prevention, money laundering prevention and for tracing debtors. **The right to decine any application** is registered office is 10 Crown Place, London, EC2A 4FT. **CBL Braemar CLA V1 0**