



SME Business Lending

Application Form

Republic of Ireland

- Part 1** Business Details
- Part 2** Personal Details
- Part 3** Application Details
- Part 4 (i)** Customer Identification and Consent Form
- Part 4 (ii)** Data Protection and Authorisations

Three easy steps to applying for business lending with Bank of Ireland

1. Arrange a meeting with your Business Adviser at the branch
2. Complete the enclosed Application Form in full
3. Gather any additional supporting documentation or information that may be required by the Bank
(Your Business Adviser will inform you if the Bank have any additional requirements)

Do you require Business Payment Protection Yes No

For office use only: Please refer to PPI application as part of the Credit Agreement or Application 4-541R.7 (05/08) as part of the business Payment Protection policy booklet.

Credit Application Assistance

To help you with your request for credit, please refer to the following websites:

www.businessbanking.bankofireland.com/business-supports/guide-to-obtaining-credit

www.creditreview.ie/Publications.aspx

SME - Enterprises which employ fewer than 250 persons and which have an annual turnover not exceeding EUR 50 million, and/or annual balance sheet total not exceeding EUR 43 million.

SME Business Lending Application Form

Thank you for your recent enquiry in relation to credit facilities. In order to progress your application you will need to arrange a meeting with your Bank of Ireland Business Adviser and complete this Business Lending Application Form. You can complete this form with the assistance of your Business Adviser during this meeting or with the help of a Business Professional.

Your Business Adviser will inform you of any further documentation that may be required to support your application. Your request for credit will be progressed when your Business Adviser has received these documents along with your signed Business Lending Application Form.

Part 1: Business Details

Please tell us about your business. This information will assist us in providing a professional timely response.

BUSINESS DETAILS

Business Name	<input type="text"/>	Company Registration Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Trading Name (if different from above)	<input type="text"/>	Company incorporated in (Country)	<input type="text"/>
Business Address	<input type="text"/>	No. of Outlets	<input type="text"/>
Contact Person	<input type="text"/>	Primary Business Activity	<input type="text"/>
Email	<input type="text"/>	In Business Since	<input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Years
Telephone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Customer Since	<input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Years
Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No. of Employees	<input type="text"/> As at <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Best Contact Time	<input type="text"/>	Business Premises Status	Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rented <input type="checkbox"/>
Main Bank Account Details	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Business Type	Sole Trader <input type="checkbox"/> Ltd. Co. <input type="checkbox"/>
Sort Code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Other specify (e.g. Partnership)	<input type="text"/>

BUSINESS OWNERSHIP DETAILS

List the names of all **individuals** who ultimately own or control 25% or more of the shares or voting rights in the Company or otherwise exercises control over the management of the Company

1.	Owner Name	<input type="text"/>	Director	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Irish Resident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Percentage Shareholding	<input type="text"/> %
	Address	<input type="text"/>										
	Occupation	<input type="text"/>										
2.	Owner Name	<input type="text"/>	Director	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Irish Resident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Percentage Shareholding	<input type="text"/> %
	Address	<input type="text"/>										
	Occupation	<input type="text"/>										
3.	Owner Name	<input type="text"/>	Director	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Irish Resident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Percentage Shareholding	<input type="text"/> %
	Address	<input type="text"/>										
	Occupation	<input type="text"/>										
4.	Owner Name	<input type="text"/>	Director	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Irish Resident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Percentage Shareholding	<input type="text"/> %
	Address	<input type="text"/>										
	Occupation	<input type="text"/>										

List below any corporate shareholder that ultimately owns or controls 10% or more of the shares or voting rights in this Company or otherwise exercises control over the management of this Company

1.	Company Name	<input type="text"/>	% of shares owned in the Company	<input type="text"/> %
	Registered No.	<input type="text"/>		
2.	Company Name	<input type="text"/>	% of shares owned in the Company	<input type="text"/> %
	Registered No.	<input type="text"/>		

BUSINESS BORROWING & SAVINGS DETAILS

BORROWINGS	Financial Institution	Amount Outstanding (000's)	Monthly Repayments
Overdraft	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Cards	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loans (incl. Credit Union)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leasing/Hire Purchase	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commercial Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Financial Commitments e.g. Forward Contracts, Bank Guarantees etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>

SAVINGS & INVESTMENTS	Financial Institution	Amount Held (000's)
Savings	<input type="text"/>	<input type="text"/>
Deposits	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Investments	<input type="text"/>	<input type="text"/>
Investment Accounts	<input type="text"/>	<input type="text"/>
Shares	<input type="text"/>	<input type="text"/>
Property	<input type="text"/>	<input type="text"/>
Please also indicate current property value	<input type="text"/> €	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

BUSINESS FINANCIAL DETAILS

Period Ending / / Full Year Accounts Yes No

Accounts Type Audited Auditor's Name Certified Management Other

	Value (000's)		Value (000's)
Sales Turnover	<input type="text"/>	Interest	<input type="text"/>
Gross Profit	<input type="text"/>	Depreciation	<input type="text"/>
Net Profit	<input type="text"/>	Tax	<input type="text"/>
Drawings	<input type="text"/>		

Current Values

Assets	Value (000's)	Liabilities	Value (000's)
Land and Buildings	<input type="text"/>	Creditors	<input type="text"/>
Machinery & Equip.	<input type="text"/>	VAT/PAYE/PRSI	<input type="text"/>
Furniture and Fittings	<input type="text"/>	Other	<input type="text"/>
Stock	<input type="text"/>		
Debtors	<input type="text"/>	Other	
Cash	<input type="text"/>	Tax Status (Tax up to date)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Deposits	<input type="text"/>	Is a Revenue Agreement in place	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	<input type="text"/>	Monthly Amount of Revenue Agreement	<input type="text"/>
TOTAL ASSETS	<input type="text"/>		

Part 2: Personal Details

Your personal details are also important to us and while it is critical to understand your business, it is also important to understand its owners. These details will help us meet your current needs.

PERSONAL DETAILS Principal Business Owner

Name

Address

Account Number

Sort Code - -

No of Dependents

Age Range from to

Residential Status Owner Tenant Living with Parents

Other

Number of Years at Address

Estimated Value of Home

Annual Salary

Salary Payment Frequency

Previous Address (if less than 3 years at current address)

Contact Details

Email

Landline

Mobile

Best Contact Time

Date of Birth / /

Time with Bank Months Years

PERSONAL FINANCIAL DETAILS Principal Business Owner

BORROWINGS	Financial Institution	Amount Outstanding (000's)	Monthly Repayments
Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overdraft	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit & Other Cards	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

SAVINGS & INVESTMENTS	Financial Institution	Amount Held (000's)
Savings	<input type="text"/>	<input type="text"/>
Deposits	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Investments	<input type="text"/>	<input type="text"/>
Investment Accounts	<input type="text"/>	<input type="text"/>
Life Assurance	<input type="text"/>	<input type="text"/>
Shares	<input type="text"/>	<input type="text"/>
Pension	<input type="text"/>	<input type="text"/>
Property (other than family home)	<input type="text"/>	<input type="text"/>
Please also indicate current property value	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

PERSONAL DETAILS Second Business Owner

Name

Address

Account Number

Sort Code - -

No of Dependents

Age Range from to

Residential Status Owner Tenant Living with Parents

Other

Number of Years at Address

Estimated Value of Home

Annual Salary

Salary Payment Frequency

Previous Address (if less than 3 years at current address)

Contact Details

Email

Landline

Mobile

Best Contact Time

Date of Birth / /

Time with Bank Months Years

PERSONAL FINANCIAL DETAILS Second Business Owner

BORROWINGS

	Financial Institution	Amount Outstanding (000's)	Monthly Repayments
Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overdraft	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit & Other Cards	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

SAVINGS & INVESTMENTS

	Financial Institution	Amount Held (000's)
Savings	<input type="text"/>	<input type="text"/>
Deposits	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Investments	<input type="text"/>	<input type="text"/>
Investment Accounts	<input type="text"/>	<input type="text"/>
Life Assurance	<input type="text"/>	<input type="text"/>
Shares	<input type="text"/>	<input type="text"/>
Pension	<input type="text"/>	<input type="text"/>
Property (other than family home)	<input type="text"/>	<input type="text"/>
Please also indicate current property value	<input type="text"/> €	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Part 3: Application Details

Please tell us about your current financial requirements. If you are unsure, please discuss with your Business Adviser, who will be happy to go through the various options.

APPLICATION DETAILS

FACILITY 1

Overdraft Loan

Other

Amount Required

Repayment Period Y Y years M M months

Purpose of Facility e.g. Working Capital

Loan Repayment Frequency e.g. Monthly

Loan First Repayment Date D D / M M / Y Y

Do you foresee any additional requirement over the coming 12 months? Yes No

FACILITY 2

Overdraft Loan

Other

Amount Required

Repayment Period Y Y years M M months

Purpose of Facility e.g. Working Capital

Loan Repayment Frequency e.g. Monthly

Loan First Repayment Date D D / M M / Y Y

If yes, please provide details

APPLICATION DETAILS (Continued)

Describe briefly the purpose of Facility 1 and/or Facility 2 and what financial input is being provided by you and the source of these funds. Please let us know if your business is supported by Enterprise Ireland, City & County Enterprise Boards, Business Agents etc. and / or other Specialist Funds.

Additional Information

Depending on the purpose of your borrowing further details may be required. For example, if you are purchasing a new business premises the address, property valuation etc will be required. For a machinery purchase the machinery value, expected fit-out costs, expected life etc. will be required. Please provide any additional information which is relevant to your application.

Attachments

These details may not be required for all applications. Your Business Adviser will tell you what further information is required to ensure a speedy decision.

Date Received

Management Accounts	<input type="checkbox"/>	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y
Certified/Audited Accounts	<input type="checkbox"/>	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y
Cash Flow Statement/Projections	<input type="checkbox"/>	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y
Business Plan	<input type="checkbox"/>	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y
Aged Debtors Listing	<input type="checkbox"/>	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y
Aged Creditors Listing	<input type="checkbox"/>	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y
Tax Clearance Certificate	<input type="checkbox"/>	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y
Other	<input type="checkbox"/>	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y

Security/Collateral proposed

Your Business Adviser will inform you if security is required.

Part 4 (i): Personal Customer 1 Identification and Consent Form

This form is to be completed by the Business Shareholder(s)/Owner(s) of the Business who have completed the Personal Details Section on page 3.

Principal Business Owner/Shareholder Account No.
Name of Account (if different)

TO: THE GOVERNOR AND COMPANY OF THE BANK OF IRELAND (THE "BANK")

PART A

I hereby consent to any information and/or any copy documents supplied to the Bank to enable it to comply with its obligation to establish my identity in accordance with the laws and regulations concerning the prevention of Money Laundering and Terrorist Financing (Money Laundering Provisions), Part 38, Chapter 3A of the Taxes Consolidation Act, 1997 as amended, varied or substituted from time to time (the "1997 Act") being disclosed or transferred by the Bank to, or copies thereof sent by the Bank to, any branch, any other member of the Group (as defined at clause 4 (ii) on page 8) or any other party as defined under or pursuant to the Money Laundering Provisions of the 1997 Act, who may at any time provide or be requested to provide any services to me.

I hereby further consent to any information and /or documents, which have been supplied to any other member of the Group or any branch to enable it to comply with the obligation to establish my identity in accordance with the Money Laundering Provisions and/or the 1997 Act, being disclosed at any time by such member or branch to the Bank, or transferred to, or copies thereof sent by such member or branch to the Bank, so as to enable the Bank to comply with its obligations under the 1994 Act and/ or the 1997 Act and for the benefit of any such member of the Group I confirm that such member may act on this authorisation as if it were specifically addressed to such member or branch.

Customer Signature

Date

FOR BANK USE ONLY

PART B

Is person to be identified an existing Bank of Ireland Group Customer

Yes No

A - IF YES

Name of Branch/Group Entity

If existing customer as at 2/5/95

NSC - -

A/c No.

Date Opened

Request the Branch/Group Entity who has established his/her identity to update the ML Documentation Screen.

ID of person named above need not be established.

If existing customer after 2/5/95

NSC - -

A/c No.

Date Opened

ID Documentation for the person named above must be held.

If **NO** (i.e. if they are an existing customer since 2/5/95)

NSC - -

A/c No.

Date Opened

Money laundering Documentation Screen Completed for the above account

Yes

With the person's consent as detailed above, you can request the Branch/Group Entity who has established his/her identity to update the ML Documentation Screen or provide copies of the ID documentation for your records or you can request him/her to provide the necessary ID documentation.

B - IF NO

Name and current permanent address must be verified in line with procedures.

Face to Face contact with person being identified

No

If **NO**, specify method of contact (two forms of address verification must be obtained)

Name

Current Permanent Address

Name Verification*: Document(s) used

Address Verification 1*: Method(s) used

Address Verification 2*: Method(s) used

Purpose of Account and/or details of initial lodgement (cheque details, etc)

Comments

Signed (Staff Member)

Staff Number

Date

*Copies of ID material(s) must be attached to this Form

Part 4 (i): Personal Customer 2 Identification and Consent Form

This form is to be completed by the Business Shareholder(s)/Owner(s) of the Business who have completed the Personal Details Section on page 3.

Principal Business Owner/Shareholder Account No.
Name of Account (if different)

TO: THE GOVERNOR AND COMPANY OF THE BANK OF IRELAND (THE "BANK")

PART A

I hereby consent to any information and/or any copy documents supplied to the Bank to enable it to comply with its obligation to establish my identity in accordance with the laws and regulations concerning the prevention of Money Laundering and Terrorist Financing (Money Laundering Provisions), Part 38, Chapter 3A of the Taxes Consolidation Act, 1997 as amended, varied or substituted from time to time (the "1997 Act") being disclosed or transferred by the Bank to, or copies thereof sent by the Bank to, any branch, any other member of the Group (as defined at clause 4 (ii) on page 8) or any other party as defined under or pursuant to the Money Laundering Provisions of the 1997 Act, who may at any time provide or be requested to provide any services to me.

I hereby further consent to any information and /or documents, which have been supplied to any other member of the Group or any branch to enable it to comply with the obligation to establish my identity in accordance with the Money Laundering Provisions and/or the 1997 Act, being disclosed at any time by such member or branch to the Bank, or transferred to, or copies thereof sent by such member or branch to the Bank, so as to enable the Bank to comply with its obligations under the 1994 Act and/ or the 1997 Act and for the benefit of any such member of the Group I confirm that such member may act on this authorisation as if it were specifically addressed to such member or branch.

Customer Signature

Date

FOR BANK USE ONLY

PART B

Is person to be identified an existing Bank of Ireland Group Customer Yes No

A - IF YES

Name of Branch/Group Entity

If existing customer as at 2/5/95

NSC - -

A/c No.

Date Opened

Request the Branch/Group Entity who has established his/her identity to update the ML Documentation Screen.

ID of person named above need not be established.

If existing customer after 2/5/95

NSC - -

A/c No.

Date Opened

ID Documentation for the person named above must be held.

If **NO** (i.e. if they are an existing customer since 2/5/95)

NSC - -

A/c No.

Date Opened

Money laundering Documentation Screen Completed for the above account Yes

With the person's consent as detailed above, you can request the Branch/Group Entity who has established his/her identity to update the ML Documentation Screen or provide copies of the ID documentation for your records or you can request him/her to provide the necessary ID documentation.

B - IF NO

Name and current permanent address must be verified in line with procedures.

Face to Face contact with person being identified No

If **NO**, specify method of contact (two forms of address verification must be obtained)

Name

Current Permanent Address

Name Verification*: Document(s) used

Address Verification 1*: Method(s) used

Address Verification 2*: Method(s) used

Purpose of Account and/or details of initial lodgement (cheque details, etc)

Comments

Signed (Staff Member)

Staff Number

Date

*Copies of ID material(s) must be attached to this Form

Part 4 (ii): Data Protection Act and Authorisations

This Form must be completed by all Shareholder(s)/Owner(s) who have completed the Personal Details Section on Page 3

AUTHORISATION AND APPLICATION

In this Authorisation, the following terms have the following meanings; the "Bank" means The Governor and Company of the Bank of Ireland (which includes Bank branches); the "Group" means any and all of the separate legal entities that comprise the Bank of Ireland Group; my/our "data" means all and any information which has been provided or will be provided to you, whether by me/us or by a third party, including in any application forms; provided in further meetings and discussions with you; ongoing transaction data in respect of my/our accounts and relationships with the Bank/Group; or other such data.

DATA PROTECTION ACT (OPTIONAL)

I / We consent to the details, that I/we are being asked to supply, being used to provide me/us with information about other products and services, either from the Bank of Ireland Group or which the Bank of Ireland Group has arranged for me/us with a third party.

If you would not like the information to be utilised for this purpose, please tick this box.

I/we understand that at any time I/we can ask you to stop or change the methods by which the Bank may send me/us marketing materials. This can be done free of charge by writing to my/our branch of the Bank.

Where more than one applicant, this declaration is to be signed by all parties. **(Note: applicants must sign form if personal details are provided.)**

To the Bank of Ireland Group

- Where this application is an application for facilities, I/we confirm that I/we am/are not less than 18 years of age.
- I/we certify the accuracy of the information in the event of any future applications by me/us (whether oral or written) for a facility, unless I/we expressly advise you to the contrary at the time of any such future application.
- I/we understand that you reserve the right to decline this or any future application without being required to state or reason that no correspondence will be entered into in such circumstances.
- I/we hereby consent to the Bank and, where appropriate, the Group, and its or their duly authorised agents, holding, using, disclosing and processing my/our data in the following ways.
I/We consent to the information that I am/we are being asked to provide being used for the following purposes:
 - Unless I/we have indicated to the contrary in writing, for direct marketing purposes, to advise me/us of products or services of the Bank, the Group or selected third parties. Unless I/we indicate to the contrary, to contact me/us by post, telephone, email, fax or other means (subject to applicable legislation);
 - To carry out statistical analysis and market research.
 - To maintain a "single view" of my/our relationship with the Bank/Group; and whereby data can be transferred between the Bank and members of the Group, and its or their duly authorised agents, held on, or linked to, a Group database and for the Bank and any other Group companies and/or duly authorised agents to manage and develop its/their relationship with me/us and for general business purposes.
 - To carry out searches and disclose information to credit reference agencies for the purpose of assisting applications for account opening, credit and credit related services and for ongoing credit review. I/We further consent to the recording of any transaction which may result from this application with the Irish Credit Bureau, any successors thereafter, or any other such credit reference agency(ies) (hereinafter referred to as "ICB"); to ICB recording, retaining and disclosing details of searches made against me/us for a period of one year prior to; and one year subsequent to; the date of the search made in respect of this application; to ICB (and financial institutions participating in the ICB) disclosing details of any transaction which might result from this application to financial institutions participating in the ICB and to ICB (and financial institutions participation on the ICB) disclosing to each other any material misstatement of fact contained on applications by me/us for financial services.
 - To manage and administer my/our accounts or policy/policies of insurance on an on-going basis; for on-going credit review and analysis; to the disclosure of information and/or documentation to a prospective or actual assignee; to the disclosure of information and/or documentation to any other party in connection with a loan transfer and securitisation scheme.
 - Where I/we hold a mortgage with the Bank/Group, I/we consent to the use of my/our data for the purposes described in the mortgage application, loan offer and mortgage documentation.
 - To hold, use, disclose and process my/our data for any other specific purposes where I/we have given the Bank/Group my/our specific consent to do so.
 - For disclosure or transfer of my/our data abroad but only for any of the purposes specified above, to persons who have been approved by the Bank and/or the Group, and in a manner compliant with applicable data protection legislation.
- In the event of a Facility being approved, I/we authorise the Bank to make the Facility available and to put the appropriate repayment schedule into effect.
- I/We agree that the Facility (and any other facilities as may be granted by the Bank at your discretion) shall be subject to the terms and conditions and specific provisions detailed in the Bank's Credit Agreement, once issued.

SIGNATURE(S)

I/We hereby confirm that each authorisation contained herein to hold, use, disclose, copy and process information constitutes a consent for the purposes of the Data Protection Act 1988 and 2003 and any amending or extending legislation or any related European Communities regulation or directive.

1.	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

FOR BANK USE ONLY

Branch	<input type="text"/>	NSC	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Witnessed by	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Application No.	<input type="text"/>									

**WARNING: IF YOU DO NOT MEET THE REPAYMENTS ON YOUR LOAN,
YOUR ACCOUNT WILL GO INTO ARREARS. THIS MAY AFFECT YOUR CREDIT RATING.
WARNING: YOU MAY HAVE TO PAY CHARGES IF YOU PAY OFF A FIXED-RATE LOAN EARLY.**

