

Clinic Name \_\_\_\_\_

Clinic Location \_\_\_\_\_

Clinic Phone Number \_\_\_\_\_

Amount Required £ \_\_\_\_\_ Term \_\_\_\_\_

## APPLICATION FORM

### YOUR DETAILS

Mr  Mrs  Ms  Miss

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ No of Dependants \_\_\_\_\_

Married  Single  Widow  Divorced  Partner

### YOUR HOME

Private Address \_\_\_\_\_

Postcode \_\_\_\_\_ How long here Years  Months

Owner  Tenant  With Parents

Mortgage / Rental Payments per month £ \_\_\_\_\_

Mortgage Lender / Landlord's Name \_\_\_\_\_

Home Telephone No. (inc STD code) \_\_\_\_\_

Mobile Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Best time to contact you \_\_\_\_\_

### YOUR JOB

Occupation \_\_\_\_\_

Full Time  Part Time

Employed  Self Employed

Net Pay per month £ \_\_\_\_\_

Employers Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Telephone No. (inc STD code) \_\_\_\_\_

How long here Years  Months

Name & Address of Previous Employer (if less than 3 years or retired)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### USE OF PERSONAL INFORMATION

Information about you relating to this application will be held, processed and used by us for the following purpose:

To assist us and/or other lenders to make credit decisions about you and/or other members of your household and for fraud prevention and/or customer tracing.

To assist us in carrying out the above purpose we give or share the said information with: other companies within our Group, other equipment suppliers or service providers, insurers, assignees or other transferees, credit reference agencies, professional/non-professional bodies, clubs or entities of which you are a member of or associated to and any persons or entity on whose behalf we act or who acts on our behalf. By signing this application you consent to us holding, using and processing information about you in the manner and form described above. If you do not consent to this you should not sign this application.

### CUSTOMER'S DECLARATION

- The above particulars and any others given to you are true and correct
- I authorise you to apply for any necessary references regarding my application.
- I hereby authorise and request you contact me by telephone at my place of employment on matters relating to this transaction and I have provided you with telephone number(s) for use in this connection. I understand that this authority and request can be withdrawn at any time in writing.

Signature of Borrower \_\_\_\_\_

Date of signature \_\_\_\_\_