

PRIVATE POLICY FUNDING APPLICATION FORM

Kindly supply the following information which will enable the management of Asset Finance & Management Limited understand the structure of your organization and your business to determine our ability to support your business with loan facilities. All information provided will remain confidential and will be reviewed only by authorized persons involved in the final decision-making process.

If you have already prepared a business plan, please attach it to this application form and cross reference the questions in the form to it as appropriate. We will contact you if additional information is required for the purpose of proper evaluation of this application. The following MUST support your investment proposition/business plan:

Asset Finance and Management Limited
Financial Maragement, Maragement Consultancy, Financial Advisory & Facilitators'

Summary of your business type/organizational structure.

Official introduction/Presentation of Business plan/Investment Proposition.

Financial analysis, projections and speculations supporting business plan.

SECTION A – Applicant Details

1.	Applicant Name:			
2.	Business Name:			
3.	Business Address:			
4.	Post Code:			
5.	E-mail Address: Phone:			
6.	Business Type (please tick as appropriate):			
	a) Sole Trader b) Limited Company			
	c) Partnership d) Other			
7.	. Business Registration Number or EIN:			
8.	Date Business Established:			
9.	Accounting Year End:			
10. Brief description of what business does: Compared Management Limited Compared Management Consultancy, Financial Advisory & Facilitators'				
(mancial Management, Management Consultancy, Pinancial Advisory & Paclificators,				
If t	the business is a partnership, please complete Section 11.			
11. Partnership – Names of Partners & Partnership Shares:				
a)	Name: Equity Held:			
b)	Name: Equity Held:			
c)	Others:			

SECTION B – General information about the funding requested

Why are you applying for this funding (give a brief description of purpose of funding			
1. Total Cost of Project:			
2. Applying Loan Amount:			
3. Type of Funding: (Debt Finance)			
4. Duration of Contract:			
5. Preferred Repayment: (Monthly, Quarterly or Annual Installments):			
6. Applying Grace Period:			
7. Borrower Financial Contribution:			
8. Source of Borrower Financial Contribution:			
9. Bank Loan/Overdraft: Asset Finance and Management Limited [Financial Management Consultancy, Financial Advisory & Facilitators]			
Any Other Source of Funding (please specify amount):			
Total of non-A.F.M.L Funding:			
SECTION C _ Bank Account Details for Receipt of Funding Bank Name:			
Bank Address:			
Swift Code:			
IBAN:			
Account Number:			
Account Name:			
A A COUNTRY A TWALLOW			

SECTION D – General

2. Over the period of the investment, how many full-time equivalent Jobs will be			
created:			
3. Is Owner, Partner or Director of the Business:			
a) Been convicted of fraud or any other offence involving dishonesty Yes No No			
b) Been adjudged bankrupt or subject or a Personal Voluntary Creditors Arrangement?			
Yes No No			
c) Been a director (or substantial shareholder) of a company in liquidations or			
receivership or subject to a creditor's voluntary arrangement or for which			
an administrator has been appointed?			
Yes No			
d) Been disqualified from the Board of Directors of a company?			
Yes No			
e) Had judgment entered against you in the county court?			
Yes No			
f) If the answer to any of the above is YES, please give details below			

1. Number of Existing Full-time Equivalent Employees:

NOTE: By signing this application you agree that we can use your information in this way.

When you obtain funding from us, we may give details of your accounts on our records and how we manage it to credit reference agencies. If you borrow and do not repay in full and on stipulated time frame, we shall inform credit reference agencies who will record the outstanding debt. You have the right of access to your personal records held by credit reference and fraud Agencies.

I wish to apply for a financing from **ASSET FINANCE AND MANAGEMENT LIMITED** as detailed on this application form.

I confirm that the information on this Application Form is correct to the best of my knowledge and agree that **ASSET FINANCE AND MANAGEMENT LIMITED** may make any inquiries it deems fit regarding this application.

Signature of Applicant	Printed Name
Company	Date

Official Use:

Verification Officer	Position
Date	Official Seal
Reference Number	

