



# LOAN APPLICATION FORM

Business Name \_\_\_\_\_

Names of Owners/Partners/  
Directors \_\_\_\_\_

*(Please note for commercial businesses  
all owners/directors must complete  
and submit a personal statement form)* \_\_\_\_\_

Company Registration No.  
*(limited companies only)* \_\_\_\_\_

Trading Address \_\_\_\_\_

Postcode \_\_\_\_\_

Local Authority Area \_\_\_\_\_

Business Phone No \_\_\_\_\_

Mobile Phone No \_\_\_\_\_

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

Web Address \_\_\_\_\_

## Business Information

Business Start Date ----/----/---- Estimated Annual Turnover (Yr1) \_\_\_\_\_

Are you a holding company or part of a group? Yes  No

Nature of Business \_\_\_\_\_

*Business Legal Status (please select)*

Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Ltd. Company	<input type="checkbox"/>	Ltd. Liability Partnership	<input type="checkbox"/>
Cooperative	<input type="checkbox"/>	Company limited by guarantee	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	_____	

## Loan Information

Amount Required (£) \_\_\_\_\_

Term *(min 2 years, max 5 years)* \_\_\_\_\_

Updated: June 2009

The loan will be used for (please select from the list below)

Capital Expenditure	<input type="checkbox"/>	Working Capital	<input type="checkbox"/>
Employment	<input type="checkbox"/>	Marketing	<input type="checkbox"/>
Property Purchase	<input type="checkbox"/>	Management Buy Out	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<hr/>	

**Business Banking Information**

Business Bankers 

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Street 

---

Town 

---

Postcode 

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Branch Sort code 

---

Account Number 

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**Finance package applied for/confirmed**

Source of Funding	Amount(£)	Offer Held
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>Total</b>		

**Other information**

Has your business previously received a loan backed by the Enterprise Finance Guarantee (EFG) scheme? If the answer is yes, please provide the name of the lender, the amount borrowed and, if possible, the loan reference number:

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**Details of Business Assets**

**ASSETS**

(please insert "total values" next to each heading)

Business Property £

Other property £

**LOANS/LIABILITIES**

(please insert "total values" next to each heading)

Mortgage/loans on business property £

Other property mortgages/loans £

How did you hear about DSL? (please select)

DSL Leaflet	<input type="checkbox"/>	DSL Website	<input type="checkbox"/>
Business Gateway	<input type="checkbox"/>	Local Authority	<input type="checkbox"/>
Other (please detail)	<input type="checkbox"/>	<hr/>	

## DSL Data Protection and Disclosure Statement

Developing Strathclyde Limited (DSL) will use the information you have given us on this form for the provision of services, administration, marketing and risk assessment. We may need to disclose information to our agents and other service providers for these purposes.

We may search the files of credit reference agencies who will record the search. We or they may share information about the way in which you conduct your account with other lenders for credit granting purposes, for fraud prevention and occasionally for tracing account holders.

We may share your information with other organisations with which we have business relationships, as well as carefully selected third parties. We or they may contact you by mail, telephone, email or fax to tell you about products or services that may be of interest to you.

By returning this form to us duly completed, you consent to us processing sensitive data about you where this is necessary. You also consent to the transfer of your information to countries outside the European Union where this is necessary for the above.

You have a right to apply for a copy of your information for which we may charge a small fee and to have any inaccuracies correct.

If you do not wish to be contacted for marketing purposes please tick this box

*Signatures of Applicants (Owners/Partners/Directors)*

Signature	Date
Signature	Date
Signature	Date
Signature	Date

**N.B. all loans are subject to a non-refundable 1% arrangement fee.**

If you require any assistance with the completion of this form, please contact DSL on 0141 425 2930

## EFG Data Protection and Disclosure Declaration

I give my permission to the DSL and the Government to:

- make any enquiries about my loan application
- take up references about me and my business
- give information to each other about me and my business
- give information to any official involved in running or monitoring the EFG scheme

### Signature Section

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

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Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

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Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

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Signed in accordance with the requirements of the DSL's Normal Commercial Lending Practice. Otherwise, for a Limited Company two signatories are required, being two Directors or one Director and the Company Secretary. For a partnership all Partners must sign.

## Personal Details Form

To be completed by all owners, partners and directors

### Your contact details

Full Name: *(including middle names)* \_\_\_\_\_

Previous Names: \_\_\_\_\_

Home Address: *(including flat position)* \_\_\_\_\_

Town: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_

***If you have lived at the above address for less than three years please state your previous address***

Home Address: *(including flat position)* \_\_\_\_\_

Town: \_\_\_\_\_

Postcode: \_\_\_\_\_

### Other Personal Details

Date of Birth \_\_\_\_\_

National Insurance No \_\_\_\_\_

Marital Status \_\_\_\_\_

No of Dependents \_\_\_\_\_

Do they live with you full-time \_\_\_\_\_

Do you own/are a Director in any other businesses      Yes          No     

Have you ever been sequestrated/declared bankrupt?      Yes          No     

Have you ever signed a Protected Trust Deed?      Yes          No     

Have you ever been disqualified as a Director?      Yes          No     

### Equal Opportunities Monitoring

Are you  
Do you consider yourself to be disabled?

Male  Female   
Yes  No

Please state your ethnic origin

White European  White Other  Black African  Black Caribbean  Black  
Other  Chinese  Indian  Pakistani   
Bangladeshi  Other (detail)  \_\_\_\_\_

**Personal Banking Information.** *If you have more than one bank account please detail the below information on a separate page.*

Bank: \_\_\_\_\_

Branch : \_\_\_\_\_

Branch Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Sort code: \_\_\_\_\_

**Details of Personal Assets**

1) Are you a homeowner? No  Yes  *If yes, please fill in the section below*

a. Is your home solely/jointly owned? Solely  Jointly

b. Mortgage provider \_\_\_\_\_

c. Is there any security registered against your house? Yes  No

If yes please provide a list of the companies who hold security over you property-

Name: \_\_\_\_\_ Amount £ \_\_\_\_\_

Name: \_\_\_\_\_ Amount £ \_\_\_\_\_

**ASSETS**

(please insert "total values" next to each heading)

Property - main residence	£
Other property	£
Life policies - surrender values	£
Others (please detail on separate page)	£ _____

**LOANS/LIABILITIES**

(please insert "total values" next to each heading)

Mortgage/loans on main residence	£
Other property loans	£
Guarantee Obligations	£
<b>Total Liabilities Outstanding</b>	<b>£ _____</b>

**Total Assets** £ \_\_\_\_\_  
 Less \_\_\_\_\_  
**Total Liabilities** £ \_\_\_\_\_  
**NET MEANS** £ \_\_\_\_\_

*Note: Please continue on a separate page if you have additional assets & liabilities to advise of*

<b>Current Household Income</b>	<b>Monthly/Weekly</b>
<b>Income:</b>	
Net Salary/Drawings from Business	
Partner's Net Salary	
Income Support/Jobs Seekers Allowance/DLA	
Working Tax Credit	
Child Tax Credit	
Child Benefit	
Pension	
CSA/Child Maintenance	
Other Benefits	
Other Income (please specify)	
<b>Total Household Income (£)</b>	

<b>Current Household Expenditure</b>	<b>Monthly/Weekly</b>
Mortgage/Rent	
Council Tax	
Gas/Electricity	
Telephone/Mobile	
TV Licence	
Satellite Payments (e.g. Sky)	
Housekeeping/Food	
Insurance Policies	
Car Tax/Insurance	
Travel Expenses/Fuel	
CSA/Child Maintenance	
Debt repayments (please specify below)	
Other (please specify)	
<b>Total Household Expenditure (£)</b>	

<b>Other Creditors (please specify whether loan, credit card, catalogues, HP etc)</b>				
<b>Provider</b>	<b>Type of Debt</b>	<b>Monthly Repayment</b>	<b>Outstanding Balance</b>	<b>Arrears</b>

## Client Declaration

I certify the accuracy of the above statement and authorise Developing Strathclyde Limited (DSL) to make such enquiries as they require with regard to my Funding Application. I authorise my Bank to reply to such enquiries.

Developing Strathclyde Limited will use the information you have given us on this form for the provision of services, administration, marketing and risk assessment. We may need to disclose your information to our agents and other service providers for these purposes.

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You have a right to apply for a copy of your information for which we may charge a small fee and to have any inaccuracies correct.

If you do not wish to be contacted for marketing purposes please tick this box

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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DSL on 0141 425 2930**

