

PERSONAL LOAN ENQUIRY FORM

(This cannot be processed unless ALL information is provided)

Name:	Tel:
Company:	Fax:
Postcode:	FSA No:



Blades Enterprise Centre
 Bramall Lane
 Sheffield S2 4SU
 Tel: 0114 281 4441
 Fax: 0114 281 4442
 E-mail: info@ari-network.co.uk

STRICTLY FOR INTERMEDIARY USE ONLY

	First Applicant	Second Applicant
Forename(s)	Mr / Mrs/ Miss	Mr / Mrs/ Miss
Surname		
Previous surname and date changed		
DOB / Nationality		
Telephone Number		
Current Address		
	Dates resided:	Dates resided:
Previous Address(s) & Residential status		
(to cover 3 years)	Dates resided:	Dates resided:
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>
Dependents		
Residential Status	Mortgage Holder <input type="checkbox"/> Mortgage Free <input type="checkbox"/> Living with Family / Friends <input type="checkbox"/> Renting: Corporate <input type="checkbox"/> Private <input type="checkbox"/>	Mortgage Holder <input type="checkbox"/> Mortgage Free <input type="checkbox"/> Living with Family / Friends <input type="checkbox"/> Renting: Corporate <input type="checkbox"/> Private <input type="checkbox"/>
Employed:	Start Date: Employer: Employer Address: Tel. No: Occupation:	Start Date: Employer: Tel. No: Occupation:
Self-employed:	Start date: Business Name: Business Address: Tel. No: % Shareholding:	Start date: Business Name: Tel. No: % Shareholding:
Income Details	£ (Full status)	£ (Full status)

Commitments: Provide full details	Number of unsecured creditors: Total amount of unsecured credit:£ Council Tax (per month):£ Housekeeping (per month): £ If renting how much rent per month? £	
Bank details:	Time at current bank: Years Months	
Current Residential Mortgage	Amount £ Monthly Payment £	Original Purchase Price £ Value of Property £
Loan Details:	Loan amount required £ Loan purpose	Term (max 60 months)
General	Do you want us to arrange the following (*)? General Insurance Yes / No Will Writing Yes / No (*): For further details contact Robin Lindley on 0114.2814443	
Other information	If the applicant/s have any other income please provide full details : If the applicant/s are consolidating credit please provide full details:	
Our client(s) is / are aware that a credit search may be undertaken as part of this enquiry		
Date	Introducer signature	

29/07/2009