

## **COMMERCIAL ENQUIRY FORM**

ADVICED NA	45				DADABIV.	
ADVISER NAME				COMPANY EMAIL ADDRESS		
CONTACT TELEPHONE			A	EIVIAI	L ADDRESS	Analiaanttus
Applicant details		Applicant one		1	Applicant two	
FULL NAME						
DATE OF BIRTH						
NATIONALITY						
COUNTRY OF RESIDENCE						
JOB TITLE						
EMPLOYED OR SELF/EMP?						
YEARLY INCOME						
CAN THIS BE PROVEN?						
Do you have any adverse						
credit? State details:						
LOAN SIZE REQUIR				TERM REQ	UIRED	
TYPE OF COMMER	CIAL LOAN	REQUIR	RED (tick all that app	ly below)		
Complex BTL Develop		ment funding	Retail unit		Other-state	
FULL ASSET ADDRESS						
INCLUDING POSTC	ODE					
FULL DESCRIPTION OF ASSET (e.g.						
flat, shop with flat above, land etc)						
What do you plan to do with the						
Asset? (e.g. development,						
refurbish, sell or rent etc)						
What costs will be incurred with						
these plans?						
How long will it take to complete						
any plans?						
What experience d	lo you have	?				
	•					
Is the asset already occupied? If						
yes, confirm by wi	ho and the	lease				
terms						
If the asset is occupied by a						
business, are tradi	ng accounts	S				
available and what	t income wi	ill they				
show for the last 3 years?						
Purchase Price	£		Current value if	£	Va	alue after any £
			different			ans complete
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For refinance, please state existing						
lender, loan outstanding and current						
loan terms e.g. rate and term:						