



Short Term & Development Finance

Date:
Case ID:

Decision in Principle

Fax to: 01925 405415

Introducer Details

Intermediary Firm:	<input type="text"/>	Contact Name:	<input type="text"/>
Contact Number:	<input type="text"/>	Email Address:	<input type="text"/>
FSA No:	<input type="text"/>	CCL No:	<input type="text"/>
Authorisation	<input type="checkbox"/> DA <input type="checkbox"/> AR	Network / Firm:	<input type="text"/>

Requirements

FSA Regulated Loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Buy To Let Purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the funds be utilised predominantly for business purposes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify purpose for requiring funds:	<input type="text"/>		
Specify mechanism for the repayment of the Bridging Finance:	<input type="text"/>		
Loan Amount (after deduction of all fees)	<input type="text"/> £		
Term	<input type="text"/>	Months	

Limited Company or Limited Liability Partnership

Company Name	<input type="text"/>	Registration No:	<input type="text"/>
Building Name	<input type="text"/>		
No: & Street	<input type="text"/>	<input type="text"/>	
Town	<input type="text"/>		
Post Code	<input type="text"/>		

Personal Details

First Name	<input type="text"/>	<input type="text"/>
Middle Name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
House Name	<input type="text"/>	<input type="text"/>
No: & Street	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text"/>
Home No:	<input type="text"/>	<input type="text"/>
Mobile No:	<input type="text"/>	<input type="text"/>

Employment Details

Type of Employment	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>	<input type="text"/>
Length of employment	<input type="text"/> Yrs <input type="text"/> Months	<input type="text"/> Yrs <input type="text"/> Months
Net Income (after tax)	£ <input type="text"/>	£ <input type="text"/>
Net asset value (of client)	£ <input type="text"/>	£ <input type="text"/>

Self-Employment Details

Nature of Business	<input type="text"/>	<input type="text"/>
Are there 3 yrs Accounts?	<input type="text"/> Yes <input type="text"/> No	<input type="text"/> Yes <input type="text"/> No
Yr Net Profit	<input type="text"/> 200_ £ <input type="text"/>	<input type="text"/> 200_ £ <input type="text"/>
Yr Net Profit	<input type="text"/> 200_ £ <input type="text"/>	<input type="text"/> 200_ £ <input type="text"/>
Yr Net Profit	<input type="text"/> 200_ £ <input type="text"/>	<input type="text"/> 200_ £ <input type="text"/>

Credit History

Have you ever been bankrupt / repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a County Court Judgement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any Arrears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any Defaults?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered yes to any of the above, please provide full details including mortgage/rental payment history for the last 12 months

Outgoings / Commitment(s)

App 1 2 J	Type Credit Card Loan	Lender	Balance	Payment	End Date	To Be Repaid
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	Yes No
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	Yes No
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	Yes No
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	Yes No
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	Yes No
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	Yes No
Total to Be Repaid:			£ <input style="border: 2px solid red;" type="text"/>			

Property offered as Security**Additional Property offered as Security**Type Domestic Commercial Combined Domestic Commercial CombinedCharge 1st 2nd 1st 2ndBuilding / House Name No: & Street Town Post Code Security Description: Purchase Price (if applicable) £ £ **Existing Mortgage Details (if applicable)****Existing Mortgage Details (if applicable)**Lender Name Estimated Value £ £ Outstanding Balance £ £ Payments up to date? Yes No Yes NoIf No: Amount of Arrears? **Valuation Details****Valuation Details**Already Instructed? Yes No Yes NoTFCC to Instruct Yes No Yes NoContact for Access Telephone No: **Payment Options** Pay monthly by standing order mandate Retained Interest No: months to be retained (must fit within LTV)**Any Additional Information****Solicitors Details**Company Name Contact: Building Name Tel No: No: & Street Email: Town DX: Post Code **Authority to Credit Search**We hold the customer(s) authority for TFC and/or any of its subsidiaries to conduct a search with a credit reference agency and understand that such a search may be conducted upon receipt of this decision in principle form. Yes No