



Application form to submit a new financing application to us

Thank you for your interest. Please complete this form electronically.
We can accept hand-written forms but they may take us a little longer to process.

1 OFFA Business Development Manager contact name

2 Applicant organisation name

3 Organisation type (please select)

Sole trader	<input type="checkbox"/>	
Partnership	<input type="checkbox"/>	
Limited Liability Partnership	<input type="checkbox"/>	Registered number <input type="text"/>
Limited Company	<input type="checkbox"/>	Registered number <input type="text"/>
Trust	<input type="checkbox"/>	

4 Principal contact

Title	<input type="text"/>
Forename(s)	<input type="text"/>
Surname	<input type="text"/>
Position in the organisation	<input type="text"/>

5 Correspondence address

Building name/number	<input type="text"/>		
Address line 1	<input type="text"/>		
Address line 2	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>		
Main telephone number	<input type="text"/>		
Email	<input type="text"/>		
General contact preference (Please select)	Email <input type="checkbox"/>	Letter <input type="checkbox"/>	Phone <input type="checkbox"/>

6

Registered company address

Same as correspondence address	<input type="checkbox"/>		
Contact name	<input type="text"/>		
Building name/number	<input type="text"/>		
Address line 1	<input type="text"/>		
Address line 2	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>		
Main telephone number	<input type="text"/>		
Email	<input type="text"/>		

7

About the organisation

Nature of organisation	<input type="text"/>
Trading since	<input type="text"/>

8

About the people

Please include details of all directors, shareholders, partners etc. If more than four individuals are to be added, please use multiple versions of this page.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>
Full name	<input type="text"/>			
Building name/number	<input type="text"/>			
Address line 1	<input type="text"/>			
Address line 2	<input type="text"/>			
Town	<input type="text"/>	County	<input type="text"/>	
Postcode	<input type="text"/>			
Length of time at address	<input type="text"/>	Years	<input type="text"/>	Months
If less than 3 years, please provide your full previous address details and length of time at this address.	<input type="text"/>			
Main telephone number	<input type="text"/>			
Email	<input type="text"/>			
Date of birth	<input type="text"/>	Nationality	<input type="text"/>	

Permanent right to reside in UK? Yes No

Length of residency Since birth Years

Marital status

Has the individual been known by any other name in the last 6 years? Yes No

Full previous name

Role within business % ownership/control %

Title Mr Mrs Miss Other

Full name

Building name/number

Address line 1

Address line 2

Postcode

Town County

Length of time at address Years Months

If less than 3 years, please provide your full previous address details and length of time at this address.

Main telephone number

Email

Date of birth Nationality

Permanent right to reside in UK? Yes No

Length of residency Since birth Years

Marital status

Has the individual been known by any other name in the last 6 years? Yes No

Full previous name

Role within business % ownership/control %

Title Mr Mrs Miss Other

Full name

Building name/number

Address line 1

Address line 2

Postcode

Town County

Length of time at address Years Months

If less than 3 years, please provide your full previous address details and length of time at this address.

Main telephone number

Email

Date of birth Nationality

Permanent right to reside in UK? Yes No

Length of residency Since birth Years

Marital status

Has the individual been known by any other name in the last 6 years? Yes No

Full previous name

Role within business % ownership/control %

Title Mr Mrs Miss Other

Full name

Building name/number

Address line 1

Address line 2

Postcode

Town County

Length of time at address Years Months

If less than 3 years, please provide your full previous address details and length of time at this address.

Main telephone number

Email

Date of birth Nationality

Permanent right to reside in UK? Yes No

Length of residency Since birth Years

Marital status

Has the individual been known by any other name in the last 6 years? Yes No

Full previous name

Role within business % ownership/control %

9

About the property

If more than two properties are to be given as security, please use multiple versions of this page.

Address

Freehold Leasehold

If Leasehold, please state the lease expiry date

Estimated value Rental income

Purchase price Purchase date

Current Financier Outstanding mortgage

Purchase Refinance Cash release

Address

Freehold Leasehold

If Leasehold, please state the lease expiry date

Estimated value Rental income

Purchase price Purchase date

Current Financier	<input type="text"/>	Outstanding mortgage	<input type="text"/>
	Purchase <input type="checkbox"/>	Refinance <input type="checkbox"/>	Cash release <input type="checkbox"/>
If Leasehold, please state the lease expiry date	<input type="text"/>		
Estimated value	<input type="text"/>	Rental income	<input type="text"/>
Purchase price	<input type="text"/>	Purchase date	<input type="text"/>
Current Financier	<input type="text"/>	Outstanding mortgage	<input type="text"/>
	Purchase <input type="checkbox"/>	Refinance <input type="checkbox"/>	Cash release <input type="checkbox"/>

10 About the facility

Purpose of facility Total	<input type="text"/>		
Amount requested	<input type="text"/>		
Payment profile	<input type="text"/>	Capital & Profit	
	<input type="text"/>	Profit only	
	<input type="text"/>	Profit only followed by Capital & profit	
Term	<input type="text"/>	Years	<input type="text"/>
			Months
Source of deposit (if purchase)	<input type="text"/>		
Please specify a required drawdown/completion date	<input type="text"/>		

11 Contact for valuation

Name	<input type="text"/>
Telephone Number(s)	<input type="text"/>
Email	<input type="text"/>

12 Solicitor

Name	<input type="text"/>
Firm name	<input type="text"/>
Telephone Number(s)	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text"/>

13 Background information

Does your business or connected businesses have a sales turnover of more than £50 million?

Yes No

Does this organisation or any connected organisations have accounts (facility / deposits) already in effect with OFFA?'

Yes No

If yes, please state the names of the customer/depositor below:

Customer organisation name

Depositor organisation name

Please tell us what you intend to use the facility for and anything that may be relevant to the application, including details of any adverse credit of the organisation or applicants named, or simply if you need to achieve a quick completion of your facility.

You may wish to include commentary on the background of the organisation and its people, their financial position, the transaction itself and any security being offered.

14 Broker details

Organisation name

Full name

Telephone Number

Email

Authority and declaration for financing facilities to (name of customer)

1

Declaration

I/we confirm that the information included within this application form is complete and accurate to the best of my/our knowledge. I/we have included all details pertinent to the application, the organisation and all linked individuals. I/we have provided sufficient information to allow OFFA to make an informed financing decision. I am/we are not aware of or been provided with any information that would prejudice this application. I/we confirm that any adverse credit information relating to any organisation or individual involved in this application has been advised to OFFA.

2

Personal information

I/we understand that OFFA will carry out electronic identification searches and, credit bureau searches on any individual or organisation named in, or linked to this application. I/we confirm that we have advised all relevant persons that a search as detailed above will be undertaken.

I/we understand that to comply with its legal and regulatory obligations the information supplied in this application will be verified. OFFA uses third parties to verify the information, one being Experian which will leave a non-credit footprint on the applicable record. A record of the output will be supplied to OFFA and retained. Further information on Experian can be found here: www.experian.co.uk/assets/crain/idf-information-notice.pdf

These searches may return results which highlight criminal convictions, offences and alleged offences. The processing of this data is required to ensure compliance with our regulatory obligations and is deemed to be in the substantial public interest.

I/ we understand that an association between joint applicants may be created at the Credit Reference Agency, linking financial records of each individual, which will be taken into account in all future applications. If an association already exists then my/our application will be assessed with reference to these associated records.

I/ we understand that details about me/us and the conduct of my/our account may also be passed to the Credit Reference Agencies. When appropriate, the Credit Reference Agency and/or Fraud Prevention Agencies may also record details of any agreement with OFFA, the repayments I/we make under it and any default or failure to keep to its terms and any deliberate non-payment following a change of address without notice.

3

How we process personal information

To set up and administer your account OFFA we, us, our will need to collect information about you, your business and any related parties.

Information about you and your business can include details of your appointed authorised users, directors, shareholders, associated parties and named individuals, your transactions, how you use our services, any details submitted as part of the application process or any other information we reasonably ask for, or collect through the use of the application and administration process of the facility account which has been applied for. This information could be held by us in electronic or paper form.

In limited circumstances we may receive information containing racial or ethnic origin, religious beliefs, political opinions or physical or mental health information. We will only process this data when we have your explicit consent to do so, if it is in your vital interests, if it is deemed to be in the substantial public interest or if the data has been made public by a relevant individual.

We may collect this information in several ways, for example, when dealing with your application, operating your accounts, providing services to you verifying your identity and contacting credit-reference and fraud prevention agencies.

Therefore, we may share information with:

- Any of our service providers or regulators;
- Any successor business to our business, to third party service providers, and members of our group provided that it is necessary to do so in order to provide the services to you;
- Anyone to whom we assign or transfer, or may assign or transfer our rights and obligations relating to the **financing**;
- Government agencies such as, but not limited to, HM Revenue & Customs and the Police (whether in the UK or abroad);
- Other companies, organisations and associations to prevent detect or investigate criminal activity;
- Professional advisers, auditors and
- Information technology providers.

When we do share information with third parties, we will only share the minimum, and will impose strict contractual requirements detailing how data is stored and that it is only used for specific purposes. All our service providers and IT systems, are required to adhere to data protection laws as may be amended from time to time.

We may use the information we hold to:

- provide you with services and tell you about important changes or developments to those services;
- verify your identity and trace your whereabouts;
- update, bring together and improve records;
- detect, prevent and prosecute crime or terrorism;
- administer the agreement and respond to enquiries and complaints;
- monitor and improve the use and quality of our services, and
- undertake research and statistical analysis.

The information which we hold about you will only be held for as long as necessary to fulfil our regulatory obligations, provide the service to you, and in limited circumstances for research and analysis.

Where we transfer personal information outside the European Economic Area, we will implement controls to protect this personal information in accordance with strict data protection standards.

Individuals have various rights in relation to their personal data. These rights are;

- The right to request access to your personal information
- In specified circumstances, the right to request erasure, rectification or to stop processing
- The right to data portability
- Where processing is based on your consent, you have the right to withdraw consent, please note, your withdrawal of consent will not affect the lawfulness of processing performed prior to withdrawal of your consent, and
- The right to complain directly to the supervisory authority. For the UK, this is the Information Commissioner's Office (ICO) www.ico.org.uk

We will rely on you to keep us informed of any changes to the information which you have provided to us. If you have any queries in relation to your information, or any of the points detailed above, then you can contact the Data Protection Officer via post OFFA, Zenith House, Highlands Road, Shirley, Solihull, B90 4PD

4

Authority

If I/we have provided the personal information of a third party I/we confirm that I/we have made them aware that their information has been shared with OFFA as part of this application and provided them with the information detailed within sections 2 and 3 of this declaration.

5

Signature

Please sign below to acknowledge and confirm your acceptance and understanding of the information provided in this document. This document should be signed by all individuals, partners, directors and shareholders where appropriate.

We'd also like to keep you up to date on OFFA, our products and offers. Please indicate below if you would like to receive these updates:

Signatory 1

Signed	<input type="text"/>
Name	<input type="text"/>
Role	<input type="text"/>
Date	<input type="text"/>

	Yes	No
Post	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
SMS/Phone	<input type="checkbox"/>	<input type="checkbox"/>

Signatory 2

Signed	<input type="text"/>
Name	<input type="text"/>
Role	<input type="text"/>
Date	<input type="text"/>

	Yes	No
Post	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
SMS/Phone	<input type="checkbox"/>	<input type="checkbox"/>

Signatory 3

Signed	<input type="text"/>
Name	<input type="text"/>
Role	<input type="text"/>
Date	<input type="text"/>

	Yes	No
Post	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
SMS/Phone	<input type="checkbox"/>	<input type="checkbox"/>

Signatory 4

Signed	<input type="text"/>
Name	<input type="text"/>
Role	<input type="text"/>
Date	<input type="text"/>

	Yes	No
Post	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
SMS/Phone	<input type="checkbox"/>	<input type="checkbox"/>

6

Next steps

Once you have completed this application please ensure you have the following ready to submit with this form:

Statement of Assets, Liabilities, Income & Expenditure for everyone related to this application *

Six months' recent bank statements for each individual and company related to this application

A property schedule covering all of the applicants' property *

Three years' company accounts for any companies related to this application, including up to date management accounts if the accounts are more than three months old

Company structure, along with name, address & date of birth of any directors or shareholders in the ownership chain, up to the ultimate beneficiary

** template provided*

*When you have gathered all information, please send this form along with supporting information to your Business Development Manager at OFFA who will oversee this application for you. **We cannot progress the application until all detailed documentation is received.***