

## Business Financial Profile

**Please note** – when filling out this form please use the tab and arrow keys to move between the relevant fields. Ensure you do not use the return or enter keys.

### 1. Business details

Personal name of overseas country	<input type="text"/>
Company number (if applicable)	<input type="text"/>
Company trading name (if applicable)	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
Address line 4 OR overseas country	<input type="text"/>
Postcode	<input type="text"/>
Contact number	<input type="text"/>
Fax number	<input type="text"/>
Date commenced trading	<input type="text"/> (DD/MM/YYYY)

What are your main business activities?

## 2. Credit relationships – please complete the details below for all the existing credit relationships

Name of lender/Source of finance	<input type="text"/>		
Type of loan/funding (e.g. HP/leasing)	<input type="text"/>		
Amount outstanding	£ <input type="text"/>	Monthly instalments	£ <input type="text"/>
Credit limit (if applicable)	£ <input type="text"/>	Final repayment year (if applicable) (YYYY)	<input type="text"/>

---

Name of lender/Source of finance	<input type="text"/>		
Type of loan/funding (e.g. HP/leasing)	<input type="text"/>		
Amount outstanding	£ <input type="text"/>	Monthly instalments	£ <input type="text"/>
Credit limit (if applicable)	£ <input type="text"/>	Final repayment year (if applicable) (YYYY)	<input type="text"/>

---

Name of lender/Source of finance	<input type="text"/>		
Type of loan/funding (e.g. HP/leasing)	<input type="text"/>		
Amount outstanding	£ <input type="text"/>	Monthly instalments	£ <input type="text"/>
Credit limit (if applicable)	£ <input type="text"/>	Final repayment year (if applicable) (YYYY)	<input type="text"/>

---

## 3. Business/Organisation assets

Description of asset e.g. business premises/quoted shares etc

Owned by

Estimated present market value £

Existing mortgages/prior charges (if applicable) £

Description of asset e.g. business premises/quoted shares etc

Owned by

Estimated present market value £

Existing mortgages/prior charges (if applicable) £

Description of asset e.g. business premises/quoted shares etc

Owned by

Estimated present market value £

Existing mortgages/prior charges (if applicable) £

**4. Ownership details** – please give details for each person owning 20% or more of issued voting share capital

Name (in full)	<input type="text"/>		
Percentage ownership	<input type="text"/>	Date of birth (DD/MM/YYYY)	<input type="text"/>
Years in this company/partnership	Years <input type="text"/>	in this type of business	<input type="text"/>
Name (in full)	<input type="text"/>		
Percentage ownership	<input type="text"/>	Date of birth (DD/MM/YYYY)	<input type="text"/>
Years in this company/partnership	Years <input type="text"/>	in this type of business	<input type="text"/>
Name (in full)	<input type="text"/>		
Percentage ownership	<input type="text"/>	Date of birth (DD/MM/YYYY)	<input type="text"/>
Years in this company/partnership	Years <input type="text"/>	in this type of business	<input type="text"/>
Name (in full)	<input type="text"/>		
Percentage ownership	<input type="text"/>	Date of birth (DD/MM/YYYY)	<input type="text"/>
Years in this company/partnership	Years <input type="text"/>	in this type of business	<input type="text"/>
Name (in full)	<input type="text"/>		
Percentage ownership	<input type="text"/>	Date of birth (DD/MM/YYYY)	<input type="text"/>
Years in this company/partnership	Years <input type="text"/>	in this type of business	<input type="text"/>

**5. Business/Organisation obligation(s)**

Is the business/organisation or the owner(s)/partner(s) a guarantor or have they any other obligations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the business/organisation owe any arrears of VAT/PAYE/National Insurance/Corporation tax?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the business/organisation or the owner(s)/partner(s)/director(s) involved in any claim or lawsuit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the business/organisation or any owner(s)/partner(s)/director(s)/officer(s) ever been subject of formal insolvency proceedings e.g. bankruptcy, trust deed, liquidation etc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the answer to any of the above is 'Yes', please give brief details below