

Client Referral Form

Please complete this form, with your client's requirements to allow us to contact them and fax it to Bridging Finance Limited on **0845 337 5801**. Please complete in CAPITAL letters using BLACK ink.

FOR USE BY PROFESSIONAL / INTRODUCERS ONLY

OFFICE USE ONLY

Arrangement Fee	<input type="text"/>	%
Rate	<input type="text"/>	%
Exit	<input type="text"/>	months
Term	<input type="text"/>	months
Payments deducted	<input type="text"/>	months



Professional/Introducer Details

Name	<input type="text"/>	Telephone	<input type="text"/>
Company	<input type="text"/>	Email	<input type="text"/>

Client Details

Company Name (if applicable)	<input type="text"/>		
Director/Applicant 1	<input type="text"/>	Tel:	<input type="text"/>
Director/Applicant 2	<input type="text"/>	Tel:	<input type="text"/>
Director/Applicant 3	<input type="text"/>	Tel:	<input type="text"/>
		Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/>
		Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/>
		Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/>

Correspondence

Address for correspondence	<input type="text"/>	Any other addresses (if less than 3 years)	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

PLEASE PROVIDE ADDITIONAL ADDRESSES IF REQUIRED

Loan Details

Amount required	£ <input type="text"/>	Date required	<input type="text"/>	<input type="text"/>	<input type="text"/>	Type of loan	Bridge <input type="checkbox"/>	Term <input type="checkbox"/>
Purpose of Loan	<input type="text"/>							
Will more than 50% of the loan be used for a business purpose?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						

Security Offered

	Address		Other Mortgage	Other Loans	Total
Security 1	<input type="text"/>	Charge type	Balance	Balance	
	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
	<input type="text"/>	Value	Company	Company	Original Purchase Price (if applicable)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Security 2	<input type="text"/>	Charge type	Balance	Balance	
	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
	<input type="text"/>	Value	Company	Company	Original Purchase Price (if applicable)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Security 3	<input type="text"/>	Charge type	Balance	Balance	
	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
	<input type="text"/>	Value	Company	Company	Original Purchase Price (if applicable)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Client Solicitors

Name	<input type="text"/>	Company	<input type="text"/>	Telephone	<input type="text"/>
------	----------------------	---------	----------------------	-----------	----------------------

Declaration

I confirm that we hold on file the clients' authority for you to undertake a credit search in respect of this application.

Signed Date