



Pavillion Commercial Finance

Commercial Finance Application Form

Section 1 Intermediary details (Intermediary to complete)

Name				
Company Name				
Address				
			Postcode	
Email Address				
Telephone				
Mobile				
Facsimile				
FSA Number	(if applicable)			
To the best of their knowledge does the applicant(s) have any adverse credit issues in their name or arrears on any debt?				
Yes <input type="checkbox"/>		No <input type="checkbox"/>		
I confirm that the information contained within this application is true and correct to the best of my knowledge.				
Signature of Intermediary			Date	

Section 2 Packager Details (Pavillion Commercial Finance to complete)

Contact name					
Company Name	Pavillion Commercial Finance				
Address	Title House, 33-39 Elmfield Road				
	Bromley	Postcode	BR1 1LT		
Email Address					
Telephone	0845 271 2693	Facsimile	0845 271 2699		
Company Number	4555531	CCL no.	533194	Data Prot no.	
Name of network or B.D.M (if applicable)					
Signature on behalf of packager					
Print name					
Case manager		Pavillion ref. number			

Section 3 Application Summary (Intermediary to complete)

Borrower's Name	<input type="text"/>		
Purpose (please tick)			
Property Purchase	<input type="checkbox"/>	Property Refinance	<input type="checkbox"/>
Bridging	<input type="checkbox"/>	Property Development	<input type="checkbox"/>
		Business Finance/Working Capital	<input type="checkbox"/>
		Other	<input type="checkbox"/>
Amount Required	£	<input type="text"/>	
Purchase price	£	<input type="text"/>	
Applicant's funds/contribution	£	Source	<input type="text"/>
Term required	<input type="text"/>		years
Payment required	Capital and interest	<input type="checkbox"/>	Interest Only <input type="checkbox"/>
	Lump sum (specify source)	<input type="text"/>	
Brief description of security available and value	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Section 4 Borrower's Personal Details (please complete if you are an individual applicant or the first two Directors/Partners)

	1 st applicant		2 nd applicant	
Mr/Mrs/Miss/Other	<input type="text"/>		<input type="text"/>	
Surname	<input type="text"/>		<input type="text"/>	
Forename(s)	<input type="text"/>		<input type="text"/>	
Date of Birth	<input type="text"/>		<input type="text"/>	
Dependants	How many?	Ages	How many?	Ages
Martial Status	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>
	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
	Living Together	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
			Single	<input type="checkbox"/>
			Married	<input type="checkbox"/>
			Separated	<input type="checkbox"/>
			Divorced	<input type="checkbox"/>
			Living Together	<input type="checkbox"/>
			Widowed	<input type="checkbox"/>
Home address	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
Postcode	<input type="text"/>		Postcode	<input type="text"/>

Section 4
continued

Residential status	1 st applicant	2 nd applicant
	Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/>	Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/>
	Living with relatives <input type="checkbox"/>	Living with relatives <input type="checkbox"/>
	Other <input type="text"/>	Other <input type="text"/>
Time at current address	<input type="text"/> years <input type="text"/> months	<input type="text"/> years <input type="text"/> months
If less than 3 years please give previous address*	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
Residential status at previous address	Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/>	Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/>
	Living with relatives <input type="checkbox"/>	Living with relatives <input type="checkbox"/>
	Other <input type="text"/>	Other <input type="text"/>
Time at previous address	<input type="text"/> years <input type="text"/> months	<input type="text"/> years <input type="text"/> months
	Current contact details	
Telephone (home)	<input type="text"/>	<input type="text"/>
Telephone (work)	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Facsimile	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
<p>*If the applicant has had more than one previous residence in the last three years please provide full addresses for each property on a separate sheet of paper and attach to this form.</p>		

Section 5 Employment Details

Employed (Please complete this section if you are employed only)

1st applicant

2nd applicant

Occupation

Employer's name

Employer's address

Postcode

Postcode

Start date D/M/Y

 / /
 / /

Annual gross salary

£

£

Spouse's annual income

£

£

Other regular income

£

£

State benefits

£

£

Total monthly income

£

£

Monthly expenditure

Monthly expenditure

Mortgage/rent

£

£

Life assurance/pension

£

£

General/domestic

£

£

Council tax

£

£

Other

£

£

Total monthly expenditure

£

£

Section 6

Self-employed (please complete this case if you are self-employed only)

Self-employed – (Please complete this section if you are self-employed only)

	1 st applicant	2 nd applicant
Name of Business	<input type="text"/>	<input type="text"/>
Business address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	Postcode <input type="text"/>

	1 st applicant		2 nd applicant	
Date started training	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Annual gross turnover	£ <input type="text"/>	Year Ending	£ <input type="text"/>	Year Ending
	£ <input type="text"/>	Year Ending	£ <input type="text"/>	Year Ending
	£ <input type="text"/>	Year Ending	£ <input type="text"/>	Year Ending
Net income per annum	£ <input type="text"/>	Year Ending	£ <input type="text"/>	Year Ending
	£ <input type="text"/>	Year Ending	£ <input type="text"/>	Year Ending
	£ <input type="text"/>	Year Ending	£ <input type="text"/>	Year Ending
Other regular income	£ <input type="text"/>		£ <input type="text"/>	
Spouse's annual income	£ <input type="text"/>		£ <input type="text"/>	
Spouse's source of income	£ <input type="text"/>		£ <input type="text"/>	
Spouse's net income	£ <input type="text"/>		£ <input type="text"/>	
State benefits	£ <input type="text"/>		£ <input type="text"/>	
Other regular income	£ <input type="text"/>		£ <input type="text"/>	
Total monthly income	£ <input type="text"/>		£ <input type="text"/>	

	1 st applicant	2 nd applicant
	Monthly expenditure	Monthly expenditure
Mortgage/rent	£ <input type="text"/>	£ <input type="text"/>
Life assurance/pension	£ <input type="text"/>	£ <input type="text"/>
General/domestic	£ <input type="text"/>	£ <input type="text"/>
Council tax	£ <input type="text"/>	£ <input type="text"/>
Other	£ <input type="text"/>	£ <input type="text"/>
Total monthly expenditure	£ <input type="text"/>	£ <input type="text"/>

Section 7

Further details of liabilities (excluding mortgage) to be completed by all applicants

Loans

Applicant 1 or 2		Lender & Account no	Balance	Monthly Payment	Purpose of loan	Secured?	To be repaid?	How much?
<input type="checkbox"/>	<input type="checkbox"/>		£	£		Yes/No	Yes/No	£
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>		£	£		Yes/No	Yes/No	£
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>		£	£		Yes/No	Yes/No	£
<input type="checkbox"/>	<input type="checkbox"/>							

Personal Guarantees

Are there any personal guarantees by any applicant?

Yes

No

Statement of Assets (to be completed by all applicants)

	1 st applicant		2 nd applicant	
	Estimated value	Mortgage outstanding	Estimated value	Mortgage outstanding
Main residence	£	£	£	£
Other property 1	£	£	£	£
Other Property 2	£	£	£	£
Name of lender				
Account number				
Name of bank				
Shares	£	£	£	£
Life policy surrender values	£	£	£	£

If you own or part own any other property please provide details in Section 9 of this form.

Section 7 continued

Proposal (what money is to be used for?)

Purchase value/Estimated price £

Loan required £

Term years

Address

 Postcode

Tenure Freehold Leasehold

If borrowing by Ltd company please provide name

If leasehold, years remaining on lease years Annual rent £ Date / /

Vacant possession or completion? Yes No

Is property currently let? Yes No

Name of tenant

Telephone no

Is the property let on an AST (Assured Shorthold Tenancy) basis? Yes No

If yes provide details on additional information page at rear of form

Intended use? Own business Investment Own business & residential

Access contact for valuation

If providing additional security please advise us of all the above information on the additional security in section 9 of this application form.

If you are re-mortgaging please provide details of first and second charges on the above property.

Lender name Account number

Outstanding balance £ Original purchase price £

Date purchased / /

Purpose of loan

(capital raising/better rate etc)

If your application relates to a property development loan please provide full details e.g business plan/cash flows, site plans etc. Briefly outline the experience of applicant/s in property investment or development in Section 9 of this form.

Section 10

Declaration (Must be completed in all cases by each applicant)

Have you ever been convicted of any offence (other than driving offences)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever had an insurer decline or cancel insurance /or impose special terms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you or have you been in arrears with any credit agreement e.g mortgage, loan, etc. within the last three years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever had any County Court Judgements against you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

<p>I/We declare that the information given above is complete and correct.</p> <p>I/We authorise Pavillion Commercial Finance to provide information contained in this application to lenders or potential lenders in order for them to assess my/our application.</p> <p>I/We accept that the lenders in question will process the data to assess the application and authorise them to take all necessary action to complete this assessment. This may include sharing information with other firms or agencies and will also involve the lender retaining information.</p> <p>If you do not wish to accept these terms we will not be able to provide information to any lender and as such not be able to conclude your application.</p> <p>The lender(s) may wish to use my/our information in other ways, such as marketing, and may wish to do this by passing your information to other members of it's Group, however defined.</p> <p>If you DO NOT authorise the lender(s) to process your information in this way please tick this box <input type="checkbox"/></p> <p>Please provide Pavillion Commercial Finance with any such information they require in connection with this application.</p>	<p>APPLICANT</p> <p>INDIVIDUAL/PARTNER 1/DIRECTOR 1</p> <p>Signature <input type="text" value="x"/></p> <p>Print Name <input type="text" value="x"/></p> <p>Date <input type="text" value="x"/></p> <p>PARTNER 2/DIRECTOR 2</p> <p>Signature <input type="text" value="x"/></p> <p>Print Name <input type="text" value="x"/></p> <p>Date <input type="text" value="x"/></p> <p>PARTNER 3/DIRECTOR 3</p> <p>Signature <input type="text" value="x"/></p> <p>Print Name <input type="text" value="x"/></p> <p>Date <input type="text" value="x"/></p> <p>PARTNER 4/DIRECTOR 4</p> <p>Signature <input type="text" value="x"/></p> <p>Print Name <input type="text" value="x"/></p> <p>Date <input type="text" value="x"/></p>
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Section 11

Submissions Checklist

When submitting your application form to Pavillion Commercial Finance please provide copies of the following documents for each applicant;

<p>Verification of Identity</p> <p>Current full signed passport (black & white copy only)</p> <p>Current full UK Driving Licence (including counterpart)</p>	<p>1st applicant</p> <table border="1"> <tr> <td>Ref no.</td> <td>Date of issue</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Ref no.	Date of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>2nd applicant</p> <table border="1"> <tr> <td>Ref no.</td> <td>Date of issue</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Ref no.	Date of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ref no.	Date of issue													
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Ref no.	Date of issue													
<input type="text"/>	<input type="text"/>													
<input type="text"/>	<input type="text"/>													

**Section 11
continued**

	1 st applicant			2 nd applicant		
	Ref no.	Date of issue		Ref no.	Date of issue	
Verification of Address (One of the following is required)						
Utility bill mobile phone bill not acceptable (not more than 3 months old)						
Credit card/Bank statement (not more than 3 months old)						
Council tax bill						
Most recent mortgage statement						

Other forms of identification may be acceptable. Please ask a member of staff for details.

Property Purchase/Re-Mortgage

	Attached ✓	To Follow ✓	Comment
Sales Agent particulars of the property be bought			
6 months personal and business bank statements			
3 years accountant produced trading accounts			
Last annual mortgage statement			

Business acquisition

	Attached ✓	To Follow ✓	Comment
Business plan			
Historical trading figures for target business			
Historical trading figure for applicant's business			

Working Capital/Expansion

	Attached ✓	To Follow ✓	Comment
Business plan/financial projections for a minimum of			
12 months: ideally for 2 years			
Details of any contracts in place			

Business Start Up

	Attached ✓	To Follow ✓	Comment
Business plan			
Financial projections			
Evidence of demand			
Marketing plans			

PLEASE NOTE THAT IF THIS APPLICATION FORM IS INCOMPLETE THEN PAVILLION COMMERCIAL FINANCE OR THE LENDER/AND/OR ITS AGENTS WILL NOT BE ABLE TO PROCEED WITH THE APPLICATION AND WE ACCEPT NO RESPONSIBILITY FOR ANY DELAY OR LOSS THAT OCCURS AS A RESULT OF THOSE OMISSIONS

- Have all the sections been completed?
- Have all the applicants signed?
- Are all applicable fees enclosed?
- Are all requested documents enclosed?