

ALFA FINANCIAL FUNDING APPLICATION

sales@alfafinancial.co.uk



ALL FIELDS MUST BE COMPLETED

1. Applicant & Project			
Name of Project			
Name of Applicant or Company			
Registered Address & Company Reg Number.			
Town/City		State/Region	
Postcode		Country	
Tel No		Fax No	
Contact Name:		Position	
E-Mail		Mobile	
Project/Property Location Address			
Town/City		State/Region	
Postcode		Country	
2. Loan/Investment Required & Security Available			
Loan Required		Loan/Investment Duration	
Cash Deposit Amount Available from the Applicant			
Type of Guarantee of Security Available			
Description of Applicant's Current available Free Assets			
Estimated Market Value of Applicant's Current Free Assets			
Applicant Co's Share Capital			
Total Project Cost	<i>Note: this total should be the same as the total noted under questions 7 / 8 below</i>		
3. Shareholders' Details			
No	Name		%
1			
2			
3			
4			

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4. Directors' Details

No	Name	Role	Profession
1			
2			
3			
4			
5			
6			
7			
8			

5. Applicant Company History

Applicants Company's Registration Number			
Is the applicant already trading?			
Year to 2010	Sales/Turnover	Net Profit/Loss	Tax Paid

6. Project /Loan/Investment Description

Project Name:

Project Type:

Project consists of:

Location:

Amount Seeking:

Desired Terms/Structure:

Developer:

Time Frame:

Entitlements:

Total Project Cost:

Appraised Value as is:

Appraised Value as completed:

Total Cash Invested:

Total Current Equity & Assets:

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required?	
If Yes who is the Planning Authority?	
Date applied for	
Date Approved	

11. Land/Premises

Freehold		Leasehold		Other	
If leasehold, date of termination of the lease					
What is the size of the existing site and buildings?					
Site in Hectares		Building in Sq. Metres			
What is the proposed project site/building size?					
Site in Hectares		Building in Sq. Metres			

12. Project Schedule

Proposed Project Start Date		Completion Date			
Required funding schedule (amount required during)					
Start	Year 1	Year 2	Year 3	Year 4	Year 5

13. Financial information

Applicants Company's Asset Value					
Fixed Assets (market value)					
Current Assets					
Current Liabilities					
TOTAL ASSETS					
Current Liabilities					
Long Term Liabilities					
TOTAL LIABILITIES					
The Company's Net Asset Value					
Income Forecast from Start Date					
Start	Year 1	Year 2	Year 3	Year 4	Year 5
Income					
Net Profit/Loss					

14. Additional information that may be relevant to the application

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I/We understand that the personal information provided in this Application will be subject to the Data Protection Act 1998. To administer and service this application the Funder may search records at credit reference agencies, which may be linked to records relating to your spouse or partner or other persons with whom you are linked financially and other members of your household. For the purpose of this application you may be treated as financially linked and you will be assessed with reference to associated records. Where any search or application is completed involving joint parties, you both consent to us recording details at credit reference agencies. As a result an 'association' will be created with will link your financial record and your associate's information may be taken into account when future search is made by us or another unless your file a 'disassociation' at the credit reference agencies.

Declaration

I/We declare and confirm that the information contained herein and supplied by me/ us is true, accurate and complete, and can be used to form the basis of any contract between me / us and the lender. I / we agree and confirm that the lender may make such enquiries, obtain references and confirmations, as may be deemed appropriate. I / we also agree that any information obtained and held about me / us may be retained on computer and disclosed to other persons for the purposes required by the lender by submitting this by fax and electronic means. I/we (the Applicants) confirms than the lender can accept this form authorised in this way by me/us.

Important Notice. Complete this form and return a copy by email attachment,

Signature		Signature	
Name		Name	
Date		Date	

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