



# FIRST SENIOR FINANCE - PERSONAL LOAN APPLICATION - Part 1

Date of application: \_\_\_\_\_

Dealer Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Fax No: \_\_\_\_\_ Mobility Advisor: \_\_\_\_\_

<i>Please complete every box</i>	HIRER ONE (User of Product)	JOINT HIRER/BORROWER
Title		
Surname		
First Names		
Address		
Town		
County		
Postcode		
Phone No.		
Mobile No.		
N.I. Number		
Date of Birth		
Years at Address		
Who is/are the registered owner(s) of this property?		
Is there still a mortgage or any loans secured against this property?		
• How much mortgage is outstanding?		
• Who is the mortgage lender?		
• Approx. value of the property?		
Have you entered into any equity release schemes?		
Marital Status		
Have you opted out of the Electoral Roll?		
Current/Previous occupation		
How long?		
Previous Address if resident at above address for less than 3 years		
Address		
Town		
County		
Postcode		
Owner/Tenant		
Living with Relatives		
Relationship to hirer		

REGULAR MONTHLY INCOME*			REGULAR MONTHLY EXPENDITURE*		
	HIRER ONE	JOINT HIRER		HIRER ONE	JOINT HIRER
Salary			Mortgage/Rent		
State Pension			Council Tax		
Work Pension			Loans		
DLA			Catalogues		
Incapacity Benefit			Insurances		
Income Support			Food etc		
Pension Credit			Gas/Electric/Phone		
Carers Allowance			Water Rates		
Others - Specify			Cigarettes		
Others - Specify			Others - Specify		
<b>TOTAL</b>			<b>TOTAL</b>		

\*REMEMBER - Detail others - ie Hire purchase, Car payments, TV rentals, Petrol, Water rates, Sky and Credit card payments etc.

BANK DETAILS FROM WHICH PAYMENTS WILL BE MADE	
Account holder: _____	
Bank Name: _____	
Address: _____	
Postcode: _____	
Account No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sort Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
THIS ACCOUNT MUST BE ABLE TO ACCEPT DIRECT DEBITS	

# FIRST SENIOR FINANCE - PERSONAL LOAN APPLICATION

# Part 2

Hirer Surname: \_\_\_\_\_ Joint Applicant Surname: \_\_\_\_\_

### COUNTY COURT JUDGEMENT OR BANKRUPTCY ORDER

Has anyone named on this agreement ever had a County Court Judgement or a Bankruptcy order placed against them?

If YES please complete:

Reason: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Settled? Yes / No Amount still paying back per month: \_\_\_\_\_

		PAYMENT CALCULATION						
Goods and Services to be Financed by Credit	Length of Deal No of Months	Payment Calculator						
		Box 1	12	18	24	30	36	48
Details of goods								
Product New/Used		Box 2						
Product Insurance & Warranty		Box 3						
Breakdown cover		Box 4						
Accessories		Box 5						
	<b>SUB TOTAL</b>	Box 6						
Cash: £ P/Ex: £	<b>TOTAL DEPOSIT</b>	Box 7						
Balance to Finance		Box 8						
		No.Mths	12	18	24	30	36	48
	Finance Factor	Box 9	0.0950	0.0635	0.0496	0.0413	0.0357	0.0288
Monthly Payment	Multiply Box 8 by Box 9	Box 10						
Total to Repay	Box 10 Multiplied by Number of Months plus Document Fee	Box 11						
Credit Charges Office Use	Box 11 minus Box 8	Box 12 Box 13						

Please Note that there is a £20 Acceptance Fee Payable with the First Payment

#### CUSTOMER HEALTH DECLARATION

I can confirm that I suffer from:

\_\_\_\_\_  
\_\_\_\_\_

Customer Weight: \_\_\_\_\_ Customer Height: \_\_\_\_\_

#### JOINT HIRER/BORROWER HEALTH DECLARATION

I can confirm that I suffer from:

\_\_\_\_\_  
\_\_\_\_\_

Customer Weight: \_\_\_\_\_ Customer Height: \_\_\_\_\_

#### DATA PROTECTION

In considering your application we will search your record at a credit reference agency. They will add to their record details of our search and your application and this will be seen by other organisations that make searches. We may use credit scoring or other automated decision making systems when assessing you application. We will also add to your record with the credit reference agencies details of your agreement with us, the payments you make under it and any default or failure to keep to its terms. It is important that you give us accurate information. We will check details with fraud prevention agencies and if you give us false information and we suspect fraud, we will record this. These records will be shared with other organisations and used by us and them to:

- help make decisions about credit and related services such as insurance for you and members of your household;
- help make decisions on motor, household, credit, life and other insurance proposals and insurance claims, for you and members of your household;
- trace debtors, recover debt, prevent fraud, and to manage your accounts or insurance policies;
- check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity.

For these purposes we or they may make further searches and these will be added to your record.

We, and the credit reference agencies and fraud prevention agencies will also use the records for statistical analysis about credit, insurance and fraud. We may disclose information about you to other companies in our group of companies and we may or they may use that information to carry out market research or to offer you additional services. In addition, we may disclose information to other companies outside our group whose services may be of interest to you.

You may be contacted in each case by post, fax, telephone, home visit, e-mail or otherwise, some telephone calls may be monitored or recorded for training purposes.

If you do not want to receive details of these services, tick box

You can have a list of those credit and fraud prevention agencies from whom we obtain and to whom we pass information about you on request. You have a right to receive a copy of the information held about you if you apply to us in writing. A fee will be payable.

#### CUSTOMER DECLARATION

I declare that the details are correct and complete. I understand that First Senior Finance may make enquiries to verify my credit status and register information about me and the conduct of my accounts with a licenced credit reference agency.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Joint Hirer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

WE WILL CALL YOU AFTER RECEIVING THIS PROPOSAL TO CONFIRM SOME DETAILS. THANK YOU FOR APPLYING TO FIRST SENIOR FINANCE LIMITED.