

Finance Application Form



Personal Details:

Name: _____	Date of Birth: _____
Address: _____ _____	
Home Tel: _____	Mobile Tel: _____
e-mail: _____	Best time to call: _____
Married Status: Married <input type="checkbox"/> Single: <input type="checkbox"/>	No. of Dependent Children: _____

Residential Details:

Home Owner <input type="checkbox"/>	Living with parents <input type="checkbox"/>	Tenant <input type="checkbox"/>	Other <input type="checkbox"/>
Time at Present Address: _____			

Employment Details:

Self Employed <input type="checkbox"/>	Employee <input type="checkbox"/>	Contract <input type="checkbox"/>	Home Maker <input type="checkbox"/>	Student <input type="checkbox"/>	Retired <input type="checkbox"/>
Occupation: _____		Time with present employer: _____			
Employers Name and Address: _____ _____					

Banking Details:

Name of Bank or Building Society: _____	
Number of years with this bank: _____	
Bank Sorting Code: _____	Bank Account Number: _____
Current legislation requires us to check the identity of all new Customers. You will therefore be requested to submit formal identification documents with this application. To avoid delay in processing your application please bring: 1. A current driving licence or passport: 2. A recent household utility bill.	

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Procedure Details

Surgery Procedure: _____

Cost of Procedure: _____

Amount for finance (€1500 max): _____

Balance to be paid: _____

Income Details:

Annual Gross Income: € _____ Other Net Monthly Income: € _____

Specify other monthly income details: _____

Payment Frequency Weekly Fortnightly Monthly Other

What date is payment paid: _____

Present Borrowings:

	Financial Institution	Amount Outstanding	Monthly Repayments
Mortgage	_____	_____	_____
Overdraft	_____	_____	_____
Loans	_____	_____	_____
Credit Cards	_____	_____	_____
Other	_____	_____	_____

Present Savings:

	Financial Institution	Amount €
Bank	_____	_____
ICS Building Society	_____	_____
Other Building Society	_____	_____
Other(Credit Union/Post Office, etc)	_____	_____

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Authorisations and Application

Consumer Credit Act

Under the Consumer Credit Act,1995, a customer's consent is required if the customer wishes the Clinic to be able to telephone him/her place of employment in connection with a credit agreement. From time to time, the Clinic may need to contact you during working hours in connection with your account.

Please sign your name here if you wish to give this consent

Signature _____

Guarantor Details

Guarantor: Yes **No**

If yes please revert to guarantor application form and complete.

Data Protection Acts

I/We consent to the details that I am being asked to supply, being used to provide me with information about other products and services.

If you would like the information not to be utilised for this purpose, please tick this box.

I certify that the information provided is accurate and up to date.

Signature: _____

Official use only

Date of Application: _____ **Credit Checked Performed:** Y N

Loan Passed Y N

Reason: _____

Date of commencement of Direct Debit: _____ **No. of Direct Debits:** _____

Date of final Direct Debit: _____