



BRISTOL ENTERPRISE DEVELOPMENT FUND

LOAN APPLICATION FORM

PART 1

Please complete all sections of the application form in full. Please do not answer questions with 'see business plan'. Hand written applications should be completed in block capitals.

NOTE each and every Shareholding Director or Partner MUST complete their own set of pages 1 and 4 in PART 1 of the Application AND pages 9 10 11 12 13 and 14 of PART 2 of the Application

Name:	
Position:	
Business name:	
Business address:	
Post code:	
Trading address (if different to above):	
Post code:	
Business tel no:	Business fax:
Mobile:	email:
Website:	
<i>Please indicate your preferred contact number with an asterisk*</i>	



Are you a business start-up? Yes/No

If yes, when do you plan to start trading?

If not, when did your business start trading (month/year)?

Please state your financial year end date:

Please indicate whether the business is:

1. Sole proprietor

2. Partnership

Names of partners and ownership share:

3. Co-operative

4. Limited company

Names of directors and shareholding amount:

5. Social Enterprise - *State business form adopted – tick all boxes that apply:*

Company Limited by Guarantee CIC IPS Registered Charity



APPLICATION SIGN-OFF

Your business adviser needs to sign to confirm that you have received advice and guidance on your business plan and, where relevant, on the completion of the BEDF application form. If you have any queries about your application please consult BEDF.

Business Advice and Guidance has been sought from:

Enterprise Agency, Firm of Chartered Accountants or other Qualified Business Adviser

Name of Agency.....

Name of Business Adviser.....

Signature.....

Direct Contact for Adviser - Tel.....

e-mail.....

I authorise Bristol Enterprise Development Fund to make any enquiries it considers necessary for credit assessment.

I confirm that all the details I have given are correct and that I am over 18 years of age. I understand that giving a false declaration may result in action by Bristol Enterprise Development Fund for recovery of any loan subsequently agreed plus interest, costs, charges and expenses relating thereto.

Signed:.....Date:.....

A signed, paper copy of your completed application form, together with business plan and supporting documents, should be submitted by you, or your business adviser, to the address below.

Please ensure that you complete all sections of part 1, and where appropriate complete part 2. Incomplete forms will be returned and will delay the process of considering your application.

If your request for a loan is declined, you will receive a letter explaining the reason(s) for the decision. If your business or circumstances change in any way you are free to make a fresh application.

RETURN APPLICATION TO:

**The Fund Manager
Bristol Enterprise Development Fund
The Coach House
2 Upper York Street
St Pauls
BRISTOL BS2 8QU**

ANY QUERIES TO: Telephone 0117 944 4700 - Email info@bedf.co.uk



PART 2

If your business is a limited company, please state the following:

Date of registration:

Registration number:

Authorised share capital:

Issued share capital:

Registered office address:

Post code:

Do any of the Directors have Directorships in other companies? Yes/No

If yes, please state director(s), company name(s) and registration number(s)

Have any of the Directors guaranteed or made themselves liable for the debt, overdraft or loan of any other company? Yes/No

If yes, please provide full details including amounts and dates



Is your business VAT registered?	Yes/No
If yes, please state VAT registration number:	
Date of registration:	
Business bank:	
Branch address:	
Post code:	
Account name:	
Account number:	
Sort code:	
Name of business bank manager:	
Tel no:	
Length of time you have held your account with this bank (years/months):	

- **Please enclose a copies of your last 6 month's business bank statements.**
- **If you are a business start-up, please enclose copies of the last 3 month's personal bank statements for each partners/director.**



If you are a start up business, how many employees will it have to begin with?
Please include all salaried directors/partners where appropriate.

Full time (F/T): _____ Part time (P/T): _____

How many jobs do you expect to create:

a) Total in 12 months F/T: _____ P/T: _____

b) Total in 24 months F/T: _____ P/T: _____

If you are an existing business, how many employees does it have? Please
include all salaried directors/partners where appropriate.

Full time (F/T): _____ Part time (P/T): _____

How many jobs do you expect to create:

a) Total in 12 months F/T: _____ P/T: _____

b) Total in 24 months F/T: _____ P/T: _____

Type of business:

Brief description of your product/service:



<p>Have you received any public funding within the last 3 years? If Yes, please give details</p>	<p>Yes/No</p>
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<p>Environment:</p>	
<p>Do you have an environmental policy? If yes, please include in Business Plan</p>	<p>Yes/No</p>
<p>Date last reviewed:</p>	
<p>This policy may be required before we can consider finance. Please contact us and we can direct you to advisors who can help you to produce one.</p>	

<p>Equal Opportunities:</p>	
<p>Do you have an Equal Opportunities policy? If Yes, please include in Business Plan</p>	<p>Yes/No</p>
<p>Date last reviewed:</p>	
<p>This policy may be required before we can consider finance. Please contact us and we can direct you to advisors who can help you to produce one.</p>	
<p>No. of male employees</p>	
<p>No. of female employees</p>	

<p>Information Communication Technology:</p> <p>What ICT facilities do you currently have?</p> <p>What are your future ICT plans?</p>



To be completed by all shareholding directors, sole traders and partners

Personal Details

Please complete all sections. Your application will not be considered unless this information is supplied. All details will be treated as strictly confidential.

Full name:

Date of birth:

NI number:

Male/Female

Number of dependants under 18:

Current private address:

Post Code:

Tel No:

Are you registered on the Electoral Roll at this address Yes/No

Number of years at this address:

If less than 3 years, please give all previous addresses during the last 3 years
including post codes)



To be completed by all shareholding directors, sole traders and partners

PERSONAL CREDIT CHECK

CREDIT REPORT

You are required to provide us with a current personal credit history report from Experian which is the credit reference agency we use. We cannot process your loan application without it. We need this information as BEDF no longer searches credit reference agencies for information on applicants.

Please use the link below to be directed to the Experian website. You will need to pay a fee of £2:00 to be sent a report of your personal credit history in the post. This takes about 7 days. You cannot print it off online. Once you have this report please include a copy with your application to BEDF to give us clear information on your repayment history. If you have difficulty in acquiring this report please get in touch with BEDF.

www.wiseconsumer.uk.experian.com

PLEASE ALSO COMPLETE THE FOLLOWING:

Are you: **Tenant (furnished)** YES/NO **Tenant (unfurnished)** YES/NO

With Parents YES/NO **Other (describe)**.....

Are you: **The Home owner** YES/NO

If YES are you: **Sole owner?** **With spouse/partner?**

With others?

Estimated home value £..... Amount of Mortgage outstanding £.....

Monthly repayment amount £.....

Is the mortgage in arrears? YES/NO If YES state amount of arrears?

£.....

Do you have any Bank or Building Society Accounts **YES/NO**

If YES state

<u>Name of Bank/Building Society</u>	<u>Type of account</u>	<u>Current Balance [+ or -]</u>
1	£.....
2	£.....
3	£.....



To be completed by all shareholding directors, sole traders and partners

PERSONAL CREDIT CHECK continued

Do you have Credit Cards (Visa, MasterCard, American Express etc)? YES/NO

If YES state

<u>Type of Card</u>	<u>Total amount owed</u>	<u>Monthly Repayments</u>	<u>Up date?</u>
1	£.....	£.....	YES/NO
2	£.....	£.....	YES/NO
3	£.....	£.....	YES/NO

Do you have any Store Cards? YES/NO

If YES state

<u>Name of Store</u>	<u>Total amount owed</u>	<u>Monthly Repayments</u>	<u>Up to date?</u>
1	£.....	£.....	YES/NO
2	£.....	£.....	YES/NO
3	£.....	£.....	YES/NO

Do you have any Loans, Hire Purchase/other Agreements or Bank Overdrafts? YES/NO

If YES state

<u>Name of Company/Bank</u>	<u>Total amount owed</u>	<u>Monthly Repayments</u>	<u>Up to date?</u>
1	£.....	£.....	YES/NO
2	£.....	£.....	YES/NO
3	£.....	£.....	YES/NO
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- **If your loan application to BEDF is for a business start-up, please enclose copies of your last 3 month's personal bank statements.**

<p>State which <u>two</u> identity documents you will provide the BEDF Fund Manager with on your first meeting? These can be:</p> <ul style="list-style-type: none"> ▪ Either driving licence or passport ▪ Plus a utility bill, not more than 3 months old, to your current home address <p>1.....</p> <p>2.....</p>



To be completed by all shareholding directors, sole traders and partners

PERSONAL DETAILS

Please complete all sections. Your application will not be considered unless this information is supplied. All details will be treated as confidential.

Personal assets and liabilities

Assets should include houses/ other valuable property and savings.

Liabilities should include all bank/ credit card borrowing, mortgages and any other loans, HP arrangements, personal guarantees or other assurances given in support of borrowing.

Please indicate where any assets or liabilities are shared with another person/s.

Assets	Value/Amount		Liabilities	Amount
Total			Total	

Do you have any County Court Judgements against you? Yes/No

If yes, please give details including reason(s) amount(s) and date(s):



To be completed by all shareholding directors, sole traders and partners

PERSONAL DETAILS continued

Please complete all sections. Your application will not be considered unless this information is supplied. All details will be treated as strictly confidential.

Disability
 Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995?
ie. Do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities?

YES NO

Ethnic Group (please mark with x the box that best describes your ethnic origin)
 Please note that ethnic origin is not a matter of nationality, right of abode in the UK or the place of birth.

<p>1. White</p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>	<p>3. Asian or Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>	<p>5. Chinese or any other ethnic group</p> <p>Chinese <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>
<p>2. Mixed</p> <p>White/Black Caribbean <input type="checkbox"/></p> <p>White/Black African <input type="checkbox"/></p> <p>White/Asian <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>	<p>4. Black or Black British</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>	