

curriculum vitae

Name

Address

Postcode

Tel. (Home)

Tel. (Work)

Tel. (Mobile)

Email

Date of Birth

Qualifications

(including date qualified,
University and any
post-graduate learning)

NB: please quote your GDC Number

Experience

(including location, type of
practice, experience,
specialisms and positions held)

loan application

Amount of loan requested £

Please tick purpose

Practice Purchase	<input type="checkbox"/>	Freehold	£ <input type="text"/>
	<input type="checkbox"/>	Goodwill	£ <input type="text"/>
	<input type="checkbox"/>	Equipment	£ <input type="text"/>
	<input type="checkbox"/>	Total	£ <input type="text"/>

Re-finance	<input type="checkbox"/>
Practice Development	<input type="checkbox"/>
Car	<input type="checkbox"/>
Equipment	<input type="checkbox"/>
Residential Mortgage	<input type="checkbox"/>
Other	<input type="checkbox"/>

Specify

I agree that should Loan Hunter be unable to recover 50% of the arrangement fee chargeable from the lending bank that I will pay this cost myself. This fee is due for payment within 10 days of the loan being drawn down. I hereby certify that the information given is true and accurate.

Name	<input type="text"/>	Signed	<input type="text"/>
Date	<input type="text"/>		

Have you enclosed:

- | | | | |
|---|--------------------------|--|--------------------------|
| Copies of your last 3 years accounts | <input type="checkbox"/> | Completed CV | <input type="checkbox"/> |
| Copies of your last 3 months personal bank statements | <input type="checkbox"/> | Completed Asset/Liability and Income/Expenditure statement | <input type="checkbox"/> |
| Copies of your last 3 months practice bank statements (if applicable) | <input type="checkbox"/> | Completed Practice Questionnaire (if applicable) | <input type="checkbox"/> |

practicequestionnaire

PRACTICE DETAILS

Practice Address

Post Code

Practice Ownership
(tick one only)

Sole Principal

Expense Sharing x

Partnership x

Number of Surgeries

Practice Hours

Monday to

Tuesday to

Wednesday to

Thursday to

Friday to

Saturday to

Sunday to

Number of Patients

Units of Dental Activity

Units of Orthodontic Activity

Private

Denplan

Practice Plan

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PROPERTY DETAILS

Freehold

 £

Leasehold

Year of Occupation

Remaining Lease

 years

Annual Rent

£

Frequency of
Rent Review

Next Review Date

STAFF

Days/Sessions Worked

Principal(s)

Principal(s)

Associate

Associate

Hygienist / Therapist

Number of other staff that work:

Full-time Part-time

Practice Manager

Receptionist

Dental Nurse

Other (please specify)

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asset&liability statement

Please complete one form for each borrower

Name					Marital Status					
Date of Birth			Spouse's Employment			Dependants Ages				
	Value	Loan/Amount Outstanding	Company	Purchase Price	Rental Income					
Residential Property										
Other Property										
Savings										
Stocks & Shares										
Investments, ISA's, Unit Trusts etc.										
Loans			Original Amount of Loan							
Credit Cards			Total Limits							
	Value	Benefit								
Life Insurance										
Pension										
Critical Illness Cover										
Permanent Health Insurance										
Tax Due										

income & expenditure statement

	£ per month
INCOME	£

	£ per month		£ per month		£ per month	
EXPENSES	Mortgage/Rent		Travel		Life Insurance	
	Rates/ Community Charge		Loans		Pension	
	Services: i.e. gas, electricity, water, tel		School Fees		Entertaining	
	Food		Credit Cards		Miscellaneous	
	Motoring		Savings		EXPENSES TOTAL	£

