



Complete and **fax** to 0871 236 2864

Main Contact

Contact Name

Telephone number

email address

About your Business

Company Name

Address

Address

Address

Town/City

County

Postcode

Website (URL)

Number of employees

Turnover (Sales)

Date established

Business Sector

Your Bankers

Bank

Address

Address

Town

Post Code

Current Overdraft

Overdraft Limit

Funding Requirements

Reason For funding Expansion

 Diversity

Amount Required

If a loan, over what period

Any previous State Aid? Y / N

How many Jobs will the funding create?

How many Jobs will the funding safeguard?



Plans

Type a BRIEF summary of your plan. This section should be similar to a Single Page Board Paper.

How did you hear of us?

Please enter a introducer Name
or other source.

Additional Information will be required to prepare submission:

1. Last 2 years Accounts: **2.** Current Management Accounts: **3.** Summary of the Project, Development of Business or Product, time scales and costs. **4.** Cash Flow Projection for company Month by month for 2 years; **do not show Grant income or other funding** (Unless guaranteed) [These can be attached at this stage if available.](#)