

Proposal form

* Mandatory fields

Applicant's name*

Limited Co. name

& Please confirm: Sole trader Partnership Ltd company LLP

Practice name

Trading Address*

Postcode* Year established Professional Body registration number if applicable

PhoneNo.* Mobile No.*

Email address

Equipment details

Cost VAT Total inc. VAT

Deposit Amount to Finance Repayment Term preferred

Personal Details (include all shareholders if a Ltd Company)

Full name Full name Full name

Date of birth* Date of birth* Date of birth*

Home address Home address Home address

Post code Post code Post code

Move in date (If less than 3 years) Move in date (If less than 3 years) Move in date (If less than 3 years)

Previous address Previous address Previous address

Mobile No.* Mobile No.* Mobile No.*

Email* Email* Email*

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Any other relevant information

Marketing consent

I'd like to be contacted with the latest news and offers from Close Brothers Limited by:

Post Telephone Email

I'd like to be contacted with the latest news and offers from other members of the Close Brothers Group Plc relating to asset finance services, financial advisory and investment services, deposit account services and/or premium finance services by:

Post Telephone Email

To find out more about how your personal data will be used by Close Brothers please visit the privacy section of the Braemar Finance Website - <https://www.braemarfinance.co.uk/privacy>

I confirm that Braemar Finance has the authority to seek a credit check for this Finance Application using credit reference agencies and that the marketing preferences selected are correct.

Signature

X

Name

Position

Date

D	D	M	M	Y	Y
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