



The  
Practice Loan  
Company PLC

# Loan Application Form

Please complete the following form and press **Submit** to email it to enquiries@practiceloancompany.co.uk, or print this form and fax it on **0845 658 8847**

Practice:	<input type="text"/>		
Address:	<input type="text"/>		
Post Code:	<input type="text"/>	Contact:	<input type="text"/>
Email Address:	<input type="text"/>		
Tel No:	<input type="text"/>		
Fax No:	<input type="text"/>		

Requirement £:	<input type="text"/>	Period (1-5 years):	<input type="text"/>
Purpose of Loan:	<input type="text"/>		
NOTES:	<input type="text"/>		

Nature of Business:	<input type="text"/>				
Established:	<input type="text"/>	Number of Offices:	<input type="text"/>		
Office Locations:	<input type="text"/>				
Equity Partners:	<input type="text"/>	Salaried Partners:	<input type="text"/>	Consultants:	<input type="text"/>
Additional Fee Earners:	<input type="text"/>	Administration:	<input type="text"/>	Total:	<input type="text"/>

## PARTNERS PERSONAL DETAILS

Please provide details of all Equity Partners, please use a separate sheet if necessary.

Partner 1 Full Name:	<input type="text"/>		
D.O.B:	<input type="text"/>	Address:	<input type="text"/>
Post Code:	<input type="text"/>	<input type="text"/>	
Previous Address	<input type="text"/>		
Post Code:	<input type="text"/>	<input type="text"/>	

Partner 2 Full Name:	<input type="text"/>		
D.O.B:	<input type="text"/>	Address:	<input type="text"/>
Post Code:	<input type="text"/>	<input type="text"/>	
Previous Address	<input type="text"/>		
Post Code:	<input type="text"/>	<input type="text"/>	

Partner 3 Full Name:	<input type="text"/>		
D.O.B:	<input type="text"/>	Address:	<input type="text"/>
Post Code:	<input type="text"/>	<input type="text"/>	
Previous Address	<input type="text"/>		
Post Code:	<input type="text"/>	<input type="text"/>	

Partner 4 Full Name:	<input type="text"/>		
D.O.B:	<input type="text"/>	Address:	<input type="text"/>
Post Code:	<input type="text"/>	<input type="text"/>	
Previous Address	<input type="text"/>		
Post Code:	<input type="text"/>	<input type="text"/>	

Partner 5 Full Name:	<input type="text"/>		
D.O.B:	<input type="text"/>	Address:	<input type="text"/>
Post Code:	<input type="text"/>	<input type="text"/>	
Previous Address	<input type="text"/>		
Post Code:	<input type="text"/>	<input type="text"/>	

Partner 6 Full Name:	<input type="text"/>		
D.O.B:	<input type="text"/>	Address:	<input type="text"/>
Post Code:	<input type="text"/>	<input type="text"/>	
Previous Address	<input type="text"/>		
Post Code:	<input type="text"/>	<input type="text"/>	

To allow us to obtain the credit reference searches necessary to process this application & store the information in accordance with the data protection act, please print your name.

Print Name:	<input type="text"/>
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Date:	<input type="text"/>
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