

FAST TRACK ENQUIRY FORM

PLEASE FAX DIRECT TO: 'COMMERCIAL BANKING & MORTGAGE SERVICES' YOUR NACFB MEMBER			
To: 72 Brynamman Rd, Brynamman, Ammanford SA18 1TT			
Phone /Fax : 01269 822709		Mobile No: 07967 186851 E-mail: finance@cbams.net	
Please deal direct with client: YES/NO			
keeping me fully updated			
N.B. CBMS do not offer FSA products to your clients.			
Introducing Agent: Address: Tel No: Fax No:		Client's Name: Address: Tel No: Fax: No:	
Purpose of Loan Purchase [<input type="checkbox"/>] Re-Finance [<input type="checkbox"/>] Raise Capital [<input type="checkbox"/>] Other [<input type="checkbox"/>] Please state			
Security Type of Business		Bricks & Mortar Value £	
Tenure Freehold [<input type="checkbox"/>] Leasehold [<input type="checkbox"/>]		Going Concern Value £	
		Loan Requirement £	
		Business Stock £	
Accounts details attached Years (20) (20) (20)			
Current Turnover/Income		Any additional Income £	
Private Dwelling Value £		Mortgage Outstanding £	
Monthly Cost £		Other Loans £	
Property Asset/Liabilities Statement			
Asset Address and Type eg. House, Farm, Pub etc		Value £	Liabilities £
Existing Endowment Policies Company Name	Policy Number	Current Surrender Value £	Start Date Maturity Date
Preferred Repayment Option Interest Only [<input type="checkbox"/>] Other [<input type="checkbox"/>] Capital and Interest [<input type="checkbox"/>] Term Required [<input type="checkbox"/>]		Any CCJ's Yes/No If yes - provide details	
Please provide an overview of the request on a separate sheet:			
Signed:		Dated:	