SME Business Lending

Application Form
Republic of Ireland

www.bankofireland.com/business

Bank of Ireland

NOTICE: Under the Credit Reporting Act 2013 lenders are required to provide personal and credit information for credit applications and credit agreements of €500 and above to the Central Credit Register. This information will be held on the Central Credit Register and may be used by other lenders when making decisions on your credit applications and credit agreements.

When the Central Credit Register goes live in 2018, you will be entitled to:

- get a copy of your credit record from the Central Bank
- correct any errors on your credit record
- tell the Central Bank if you suspect you may have been impersonated
- ask the Central Bank to add a short explanation written by you to your credit record

To learn more about the register, and your rights and duties under the Credit Reporting Act 2013, please see **www.centralcreditregister.ie**

In order to provide you with a timely response and to allow us assess risk fairly and consistently, we may use automated decision making. If you do not agree with the result, you have the right to provide us with your point of view and have those decisions reviewed by a member of our team.

CONTENTS

Bank of Ireland

Three easy steps to applying for business lending with Bank of Ireland

1. Arrange a meeting with your Business Adviser at the branch

2. Complete the enclosed Application Form in full

3. Gather any additional supporting documentation or information that may be required by the Bank (Your Business Adviser will inform you if the Bank have any additional requirements)

Credit Application Assistance

To help you with your request for credit, please refer to the following websites:

www.businessbanking.bankofireland.com/business-supports/guide-to-obtaining-credit

www.creditreview.ie/Publications.aspx

Definition of Small and Medium-sized Enterprises (SMEs)

The SME Regulations apply to “micro, small and medium sized enterprises” and the SME Regulations define these enterprises as follows:

- **“micro and small enterprise”** means an enterprise which employs fewer than 50 persons and which has either or both of the following:
  (1) an annual turnover which does not exceed €10 million
  (2) an annual balance sheet total which does not exceed €10 million;

- **“micro, small and medium-sized enterprise”** means an enterprise which employs fewer than 250 persons and which has either or both of the following:
  (1) an annual turnover not exceeding €50 million
  (2) an annual balance sheet total not exceeding €43 million.

SME Business Lending Application Form
Republic of Ireland
PLEASE COMPLETE IN BLOCK CAPITALS

Bank of Ireland

Thank you for your recent enquiry in relation to credit facilities. In order to progress your application you will need to arrange a meeting with your Bank of Ireland Business Adviser and complete this Business Lending Application Form. You can complete this form with the assistance of your Business Adviser during this meeting or with the help of a Business Professional.

Your Business Adviser will inform you of any further documentation that may be required to support your application. Your request for credit will be progressed when your Business Adviser has received these documents along with your signed Business Lending Application Form.

PART 1: BUSINESS DETAILS

Please tell us about your business. This information will assist us in providing a professional timely response.

Business Name | **Company Registration No.**

Trading Name *(if different from above)* | **Company incorporated in (Country)**

No. of Outlets

Business Address

Contact Person | **Primary Business Activity**

Email | **In Business Since** Years Months

Telephone | **Customer Since** Years Months

Mobile | **No. of Employees** As at

Best Contact Time | **Business Premises Status** Owned Leased Rented

Business Type DAC (Designated Activity Co.) Unlimited Co. Ltd Co. Sole Trader

Other specify *(e.g. Partnership)*

Main Bank Account Details

Sort Code

BUSINESS OWNERSHIP DETAILS

List the names of all individuals who ultimately own or control 25% or more of the shares or voting rights in the Company or otherwise exercises control over the management of the Company

1. **Owner Name** | Director Yes No | Irish Resident Yes No
   Address | Date of Birth
   Occupation | Percentage Shareholding

2. **Owner Name** | Director Yes No | Irish Resident Yes No
   Address | Date of Birth
   Occupation | Percentage Shareholding

3. **Owner Name** | Director Yes No | Irish Resident Yes No
   Address | Date of Birth
   Occupation | Percentage Shareholding

4. **Owner Name** | Director Yes No | Irish Resident Yes No
   Address | Date of Birth
   Occupation | Percentage Shareholding

If more fields are required, please photocopy page.

BUSINESS OWNERSHIP DETAILS CONTINUED…

List below any corporate shareholder that ultimately owns or controls 10% or more of the shares or voting rights in this Company or otherwise exercises control over the management of this Company

1. **Company Name** ______ % of shares owned in the Company ______

   Registered No. ______

2. **Company Name** ______ % of shares owned in the Company ______

   Registered No. ______ *(If more fields are required, please photocopy page)*

BUSINESS BORROWING & SAVINGS DETAILS

BORROWINGS	Financial Institution	Amount Outstanding (000's)	Monthly Repayments
Overdraft			
Business Cards			
Loans *(incl. Credit Union*			
Leasing/Hire Purchase			
Commercial Mortgage			
Other Financial Commitments *(e.g. Forward Contracts, Bank Guarantees etc.)*			

SAVINGS & INVESTMENTS

	Financial Institution	Amount Held (000's)
Savings		
Deposits		
Other		
Investments		
Investment Accounts		
Shares		
Other		

Property Yes ☐ No ☐ Current Property Value ______

Mortgage Outstanding ______ Financial Institution ______

BUSINESS FINANCIAL DETAILS

Period Ending ☐☐☐☐☐☐ **Full Year Accounts** Yes ☐ No ☐

Accounts Type Audited ☐ Auditor's Name ______ Certified ☐ Management ☐ Other ☐

	Value (000's)		Value (000's)
Sales Turnover		**Interest**	
Gross Profit		**Depreciation**	
Net Profit		**Tax**	
Drawings			

BUSINESS FINANCIAL DETAILS CONTINUED…

Current Values

Assets	Value (000's)
Land & Buildings	
Machinery & Equipment	
Furniture & Fittings	
Stock	
Debtors	
Cash	
Deposits	
Other	
Total Assets	

Liabilities	Value (000's)
Creditors	
VAT / PAYE / PRSI	
Other	

Other

Tax Status *(Tax up to date)* Yes ☐ No ☐

Is a Revenue Agreement in place Yes ☐ No ☐

Monthly Amount of Revenue Agreement ☐

PART 2: PERSONAL DETAILS

Your personal details are also important to us and while it is critical to understand your business,it is also important to understand its owners. These details will help us meet your current needs.

PERSONAL DETAILS Principal Business Owner

Name

Address

Account Number

Sort Code

Contact Details

Email

Landline

Mobile

Best Contact Time

Date of Birth

Personal Public Service Number (PPSN)*

*We use this to check the Central Credit Register, which became law in 2019. Documentary evidence of your PPSN will be required.

Time with Bank ☐☐ Years ☐☐ Months

No. of Dependants

Age Range From ☐ To ☐

Residential Status Owner ☐ Tenant ☐ Living with Parents ☐ Other ☐

No. of Years at Address

Estimated Value of Home

Annual Salary

Salary Payment Frequency

Previous Address
(If less than 3 years at current address)

PERSONAL FINANCIAL DETAILS Principal Business Owner

BORROWINGS	Financial Institution	Amount Outstanding (000's)	Monthly Repayments
Mortgage			
Personal Loan			
Motor Loan			
Overdraft			
Credit & Other Cards			
Tax Liability			
Other			

SAVINGS & INVESTMENTS

	Financial Institution	Amount Held (000's)
Savings		
Deposits		
Other		
Investments		
Investment Accounts		
Life Assurance		
Shares		
Pension		
Property *(other than family home)*		
Please indicate current property value		
Other		

PERSONAL DETAILS Second Business Owner

Name

Address

Account Number

Sort Code

Contact Details

Email

Landline

Mobile

Best Contact Time

Date of Birth

Personal Public Service Number (PPSN)*

*We use this to check the Central Credit Register, which became law in 2019. Documentary evidence of your PPSN will be required.

Time with Bank Years Months

No. of Dependants

Age Range From To

Residential Status Owner Tenant Living with Parents Other

No. of Years at Address

Estimated Value of Home

Annual Salary

Salary Payment Frequency

Previous Address
(If less than 3 years at current address)

PERSONAL FINANCIAL DETAILS Second Business Owner

BORROWINGS	Financial Institution	Amount Outstanding (000's)	Monthly Repayments
Mortgage			
Personal Loan			
Motor Loan			
Overdraft			
Credit & Other Cards			
Tax Liability			
Other			

SAVINGS & INVESTMENTS

	Financial Institution	Amount Held (000's)
Savings		
Deposits		
Other		
Investments		
Investment Accounts		
Life Assurance		
Shares		
Pension *(other than family home)*		
Property *(other than family home)*		
Please indicate current property value		
Other		

PART 3: APPLICATIONS DETAILS

Please tell us about your current financial requirements. If you are unsure, please discuss with your Business Adviser, who will be happy to go through the various options.

APPLICATION DETAILS

FACILITY 1

Overdraft ☐ Loan ☐

Other

Amount Required

Repayment Period ☐☐ Years ☐☐ Months

Purpose of Facility
(e.g. Working Capital)

Loan Repayment Frequency
(e.g. Monthly)

Loan First Repayment Date ☐☐☐☐☐☐

FACILITY 2

Overdraft ☐ Loan ☐

Other

Amount Required

Repayment Period ☐☐ Years ☐☐ Months

Purpose of Facility
(e.g. Working Capital)

Loan Repayment Frequency
(e.g. Monthly)

Loan First Repayment Date ☐☐☐☐☐☐

Do you foresee any additional requirement over the coming 12 months? Yes ☐ No ☐

If yes, please provide details

APPLICATION DETAILS (CONTINUED)

Describe briefly the purpose of Facility 1 and/or Facility 2 and what financial input is being provided by you and the source of these funds. Please let us know if your business is supported by Enterprise Ireland, City & County Enterprise Boards, Business Agents etc. and / or other Specialist Funds.

APPLICATION DETAILS CONTINUED…

Additional Information

Depending on the purpose of your borrowing further details may be required. For example, if you are purchasing a new business premises the address, property valuation etc will be required. For a machinery purchase the machinery value, expected fit-out costs, expected life etc. will be required. Please provide any additional information which is relevant to your application.

ATTACHMENTS

These details may not be required for all applications. Your Business Adviser will tell you what further information is required to ensure a speedy decision.

Management Accounts

Certified/Audited Accounts

Cash Flow Statement/Projections

Business Plan

Aged Debtors Listing

Aged Creditors Listings

Tax Clearance Certificate

Other

SECURITY/COLLATERAL PROPOSED

Your Business Adviser will inform you if security is required.

BANK USE ONLY

What is the turnaround time that has been advised to the customer?

PART 4 (I): IDENTIFICATION FORM – PERSONAL CUSTOMER 1

Please photocopy where required
This form should be completed by the individual presenting the Identification & Verification Documents. (The Bank may also, at its discretion, require any of the Beneficial Owners to complete this form). Two copies of the Form are enclosed in this Application Pack.

Account Name ☐

Person to be Identified ☐ **A/c No.** ☐☐☐☐☐☐☐☐

Relationship of this person to the above account (please tick all applicable)

Sole Trader	☐	Trustee	☐	Elected Officer / Committee Member	☐
Partner	☐	Authorised Signatory	☐	Management Committee Member	☐
Director	☐	Beneficial Owner	☐		

Signed ☐ **Date** ☐☐☐☐20☐☐

BANK USE ONLY

Is person to be identified an existing Bank of Ireland Group Customer? Yes ☐ No ☐

IF YES: Name of Branch/Group Entity ☐

ID Documentation for the person named above must be confirmed in order.

Anti Money laundering Documentation Screen completed for the above account. Yes ☐

Date Opened ☐☐☐☐☐☐☐☐

Is AML ID&V documentation held and in order and has AML Documentation Screen been fully completed? Yes ☐ No ☐

With the person's acknowledgment that he / she has been provided with a copy of the Data Protection Summary as detailed in this application form, you can request the Branch/Group Entity who has established his/her identity to update the AML Documentation Screen or provide copies of the ID documentation for your records or you can request him/her to provide the necessary ID documentation.

IF NO: Name and current permanent address of person named overleaf must be verified in line with procedures.
Has there been face to face contact with the person being identified? Yes ☐ No ☐

If **NO**, specify method of contact ☐
(two forms of address verification must be obtained)

Address Verification 2x method(s) used ☐
(for non Face to Face only)

Anti Money laundering Documentation Screen completed for person named above. Yes ☐

Signed (Staff Member) ☐ Staff Number ☐

Date ☐☐☐☐☐☐☐☐

Copies of ID Material(s) must be attached to this Form

PART 4 (I): IDENTIFICATION FORM – PERSONAL CUSTOMER 2

Please photocopy where required
This form should be completed by the individual presenting the Identification & Verification Documents. (The Bank may also, at its discretion, require any of the Beneficial Owners to complete this form). Two copies of the Form are enclosed in this Application Pack.

Account Name

Person to be Identified **A/c No.**

Relationship of this person to the above account (please tick all applicable)

Sole Trader ☐	Trustee ☐	Elected Officer / Committee Member ☐
Partner ☐	Authorised Signatory ☐	Management Committee Member ☐
Director ☐	Beneficial Owner ☐	

Signed **Date** 2 0

BANK USE ONLY

Is person to be identified an existing Bank of Ireland Group Customer? Yes ☐ No ☐

IF YES: Name of Branch/Group Entity

ID Documentation for the person named above must be confirmed in order.

Anti Money laundering Documentation Screen completed for the above account. Yes ☐

Date Opened

Is AML ID&V documentation held and in order and has AML Documentation Screen been fully completed? Yes ☐ No ☐

With the person's acknowledgment that he / she has been provided with a copy of the Data Protection Summary as detailed in this application form, you can request the Branch/Group Entity who has established his/her identity to update the AML Documentation Screen or provide copies of the ID documentation for your records or you can request him/her to provide the necessary ID documentation.

IF NO: Name and current permanent address of person named overleaf must be verified in line with procedures.
Has there been face to face contact with the person being identified? Yes ☐ No ☐

If **NO**, specify method of contact
(two forms of address verification must be obtained)

Address Verification 2x method(s) used
(for non Face to Face only)

Anti Money laundering Documentation Screen completed for person named above. Yes ☐

Signed (Staff Member) Staff Number

Date

Copies of ID Material(s) must be attached to this Form

PART 4(II): AUTHORISATION AND INFORMATION/NOTIFICATIONS ON USE OF PERSONAL DATA

This Form must be completed by all Shareholder(s)/Owner(s) who have completed the Personal Details Section in Part 2.

Where more than one applicant, this declaration is to be signed by all parties. (Note: applicants must sign form if personal details are provided.)

Consents required under consumer legislation

The information I am supplying on this application will be used for the purpose of providing me with the service I have requested. By supplying the Bank with my home or work telephone or email address I am giving my consent to Bank of Ireland to contact me in any of those ways in connection with this request.

Yes ☐ No ☐

If you do not provide your consent the Bank may not be able to contact you in relation to this application and any subsequent service we may provide.

Data Protection:

I/We understand that – unless the Bank has told me/us differently - the provision of my/our personal details by me/us to the Bank for the purposes of this application is a contractual requirement and/or necessary for the Bank to comply with its legal obligations. By signing this form, I/we acknowledge that I/we have read Bank of Ireland's Data Privacy Summary provided with this application. Please note that more detailed information is available in the full Bank of Ireland Data Privacy Notice which is available on request or at www.bankofireland.com/privacy. This notice is a guide to how the Bank of Ireland Group processes personal data.

Marketing Preferences

Please note that if you are an existing Bank of Ireland Group customer, we will continue to respect your marketing preferences with us.

If for any reason you do not want to be contacted for marketing purposes by us, please contact us on 01 688 3674.

If you are not already a Bank of Ireland Group customer we will not contact you for marketing purposes unless you tell us you would like to be contacted. You can let us know this by contacting us on 01 688 3674.

To the Bank of Ireland Group

1. Where this application is an application for facilities, I/we confirm that I/we am/are not less than 18 years of age.

2. I/we certify the accuracy of the information in the event of any future applications by me/us (whether oral or written) for a facility, unless I/we expressly advise you to the contrary at the time of any such future application.

4. I/We understand if the loan I/we apply for involves the Strategic Banking Corporation of Ireland (SBCI) it will be necessary to share the information (including personal information) collected about me/us for the purposes of this application with the SBCI, and for the Bank to access and process the information (including personal information) collected about me/us by the SBCI. The processing and sharing of such information is based on the following
(a) it being necessary for the purposes of the Bank's legitimate interests,
(b) it being necessary in order to take steps so that your application for this loan can be considered before a loan agreement can be entered into between us.

5. Please read the Personal Data Notice from the Strategic Banking Corporation of Ireland set out below.

6. As part of the application process and ongoing loan management I/we understand you will carry out credit checks and share information with the Irish Credit Bureau or other credit reference agencies. I/we understand they will keep a record of this information and may give it to other financial institutions that I/we apply to for credit facilities. I/we confirm I/we have read the Notice from the Irish Credit Bureau set out below.

7. In the event of a facility being approved by the Bank and accepted by me/us and following a request to drawdown the facility by me/us, I/we authorise the Bank to make the facility available and to put the appropriate repayment schedule into effect.

8. I/We agree that the facility (and any other facilities as may be granted by the Bank at your discretion) shall be subject to the terms and conditions and specific provisions detailed in the Bank's Credit Agreement, once issued.

SIGNATURE(S)

Applicant 1.		Date	_ _ _ _ 2 0 _ _
Applicant 2.		**Date**	_ _ _ _ 2 0 _ _
Applicant 3.		**Date**	_ _ _ _ 2 0 _ _
Applicant 4.		**Date**	_ _ _ _ 2 0 _ _

BANK USE ONLY

Branch		**NSC**	
Witnessed by		**Date**	_ _ _ _ 2 0 _ _
Application No.			

WARNING: IF YOU DO NOT MEET THE REPAYMENT ON YOUR CREDIT FACILITY AGREEMENT, YOUR ACCOUNT WILL GO INTO ARREARS. THIS MAY AFFECT YOUR CREDIT RATING, WHICH MAY LIMIT YOUR ABILITY TO ACCESS CREDIT IN THE FUTURE.

WARNING: YOU MAY HAVE TO PAY CHARGES IF YOU REPAY EARLY, IN FULL OR IN PART, A FIXED-RATE CREDIT FACILITY.

CREDIT REFERENCE AGENCIES

As part of the application process and on going loan management we will carry out credit checks and credit scoring and share information with the Central Credit Register (CCR), Irish Credit Bureau (ICB) and/or other credit reference agencies. Those agencies may keep a record of this information and may give it to other financial institutions that you apply to for credit facilities. The ICB uses Legitimate Interests (GDPR Article 6 (f)) as the legal basis for processing of your personal and credit information. These Legitimate Interests are promoting greater financial stability by supporting a full and accurate assessment of loan applications, aiding in the avoidance of over-indebtedness, assisting in lowering the cost of credit, complying with and supporting compliance with legal and regulatory requirements, enabling more consistent, faster decision-making in the provision of credit and assisting in fraud prevention. Please review ICB's Fair Processing Notice which is available at http://www.icb.ie/pdf/Fair Processing Notice.pdf.

PERSONAL DATA NOTICE FROM THE STRATEGIC BANKING CORPORATION OF IRELAND

The information, including personal data, provided on this application may be disclosed by the Bank to the Strategic Banking Corporation of Ireland ("SBCI") for the purposes of: (i) determining eligibility for the particular SBCI Scheme; (ii) anti-money laundering / financing of terrorism or fraud; (iii) the Bank and SBCI's reporting functions in accordance with the Scheme; and (iv) conducting relevant surveys by or on behalf of the SBCI. Such processing is undertaken pursuant to the SBCI's statutory purposes and in relation to personal data that it obtains, the SBCI acts as data controller for the purposes of applicable data protection law. The SBCI may also disclose the information to its respective advisors, contracted parties, delegates and agents, and the SBCI's own funders (details of which are available at: https://sbci.gov.ie/). For further information on how the SBCI handles personal data, including information about your data protection rights (in respect of the SBCI) and the contact details of the SBCI's data protection officer, please refer to the SBCI's data protection statement which is available at: https://sbci.gov.ie.

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