

Agri Lending

Application Form
Republic of Ireland

Bank of Ireland 

For small steps, for big steps, for life

Contents

Part 1	Farm Business Details
Part 2	Personal Details
Part 3	Application Details
Part 4	Data Protection Act and Authorisations
Part 5 (i)	Identification and Consent Form - Personal Customer 1
Part 5 (ii)	Identification and Consent Form - Personal Customer 2
Part 6	Gross Margins/Repayment Capacity Analysis (Bank Use Only)

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

1. Arrange a meeting with your Business Adviser at the branch
2. Complete the enclosed Application Form
3. Gather any additional supporting documentation or information that may be required by the Bank
(Your Business Adviser will inform you if the Bank has any additional requirements)

Agri Lending Application Form

PLEASE COMPLETE IN BLOCK CAPITALS

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 Agri 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 Agri Lending Application Form.

PART 1: FARM BUSINESS DETAILS Please tell us about your farming business. This information will assist us in providing a professional timely response.

BUSINESS DETAILS

Business Name	<input type="text"/>	Main Bank Account Details	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Trading Name (if different from above)	<input type="text"/>	Sort Code	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	
Farm Address	<input type="text"/>	Business Type	Sole Trader	<input type="checkbox"/>	Ltd. Co.	<input type="checkbox"/>	Other	<input type="checkbox"/>			
		If other specify (e.g. Partnership)	<input type="text"/>								
Country	<input type="text"/>	Company Registration Number (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Contact Person	<input type="text"/>	Company incorporated in (Country) (if applicable)	<input type="text"/>								
Email	<input type="text"/>	In Business since	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>				
Telephone	<input type="text"/>	Customer since	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>				
Mobile	<input type="text"/>	No. of Employees	<input type="text"/>	As at	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>										
Best Contact Time	<input type="text"/>										

BUSINESS/FARM OWNERSHIP DETAILS

List below any shareholding entity that ultimately owns or controls 25% or more of the shares or voting rights in this business or otherwise exercises control over the management of this business

1. Owner Name	<input type="text"/>	Director	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Irish Resident	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date of Birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	Percentage Shareholding	<input type="text"/>	%
Address	<input type="text"/>																						
Occupation	<input type="text"/>																						
2. Owner Name	<input type="text"/>	Director	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Irish Resident	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date of Birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	Percentage Shareholding	<input type="text"/>	%
Address	<input type="text"/>																						
Occupation	<input type="text"/>																						
3. Owner Name	<input type="text"/>	Director	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Irish Resident	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date of Birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	Percentage Shareholding	<input type="text"/>	%
Address	<input type="text"/>																						
Occupation	<input type="text"/>																						

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

1. Business Name	<input type="text"/>	% of shares owned in the business	<input type="text"/>	%
Registered No.	<input type="text"/>			
2. Business Name	<input type="text"/>	% of shares owned in the business	<input type="text"/>	%
Registered No.	<input type="text"/>			

If more fields are required, please photocopy page or use a separate form.

BORROWING DETAILS

(e.g. farm overdraft, Credit Union Loan, Stocking Loan, Leasing and Hire Purchase)

	Financial Institution (e.g. BOI)	Balance (e.g. €200,000)	Repayment Amount (e.g. €2,000)	Frequency (e.g. Monthly)	Annual Repayment (e.g. €24,000)
Total Value					

OTHER FINANCIAL COMMITMENTS

e.g. Merchant Credit, Co-Op Debt, Forward Contracts, Bank Guarantees, etc.

Details	Amount

SAVINGS/DEBTORS

Savings/Deposit Acc

Savings/Deposit Acc (if applicable)

Other Savings

Debtors

Financial Institution	Amount Held (000's)	
Total Value		

INVESTMENTS

Investments

Life Assurance

Pension

Shares

Property

Other (specify)

Other (specify)

Financial Institution	Value €	Term Remaining (If applicable)
Total Value		

FARM DETAILS

FARMING SYSTEM

Please provide a brief description of your farming system (E.g. I farm 200 acres (30 leased) comprising dairy (60 milking herd), beef (80 head – calf to beef) forestry (15 acres) and tillage (Barley) enterprises).

Suckler Cow Enterprise: Calves sold at age (Months)

Type of Beef Enterprise: (Calf to Beef) (Forward Stores to Beef) (Summer Grazing) (Over - Wintering)

Sheep System: (Lowland - Early) (Lowland - Mid Season) (Hill/Mountain)

HERD HEALTH STATUS (Please tick as appropriate)

T.B. Clear Closed TBC Count for year ending / /

BVD Clear Vaccinated Leptosporosis Clear Vaccinated

Other

OWNED LAND DETAILS

LAND OWNED

	Townland	Acreage	Quality (Excellent; Good; Average; Poor)	Market Value (€)
Lot 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DETAILS OF RENTED LAND

(Specify lease or rent)

	Townland	Acreage	Term	Annual Rental per Acre (€)
Lot 1 : Lease/Rent (delete as appropriate)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot 2 : Lease/Rent (delete as appropriate)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot 3 : Lease/Rent (delete as appropriate)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot 4 : Lease/Rent (delete as appropriate)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot 5 : Lease/Rent (delete as appropriate)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DAIRY DETAILS (if applicable)

Current annual milk production

Gallons Litres

Year ending / /

Projected annual milk production

Gallons Litres

Year ending / /

Co-op Supplied

Protein content % Year ending / /

Butterfat content % Year ending / /

Average Yield per Cow Gallons/Litres (delete as appropriate)

Milk Production Platform acres

CAPITAL EXPENDITURE IN PAST YEAR/TWO YEARS

(provide details of development and cost)

LIVESTOCK

Livestock Category		Number	Market Value per unit (€)	Total
DAIRY	Cows	<input type="text"/>	<input type="text"/>	<input type="text"/>
	In Calf heifers	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Maiden heifers	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Calves 0-6 mths	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Bulls	<input type="text"/>	<input type="text"/>	<input type="text"/>
BEEF	Suckler cows	<input type="text"/>	<input type="text"/>	<input type="text"/>
	In calf heifers	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Bulls	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Over 2 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1-2 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
	< 1 year	<input type="text"/>	<input type="text"/>	<input type="text"/>
SHEEP	Breeding ewes	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Lambs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Rams	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other sheep	<input type="text"/>	<input type="text"/>	<input type="text"/>
PIGS	Sows & Gilts	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Boars	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Fattners	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Bonhams	<input type="text"/>	<input type="text"/>	<input type="text"/>
HORSES (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
POULTRY (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
OTHER (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			TOTAL VALUE	<input type="text"/>

CROPS

FARM MACHINERY DETAILS (Please list main machinery)

Crop Type	Acreage	Expected yield (tn/acre)	Total Market Value	Description	Age	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			TOTAL VALUE			<input type="text"/>

FARM PRODUCE IN STOCK

LABOUR

	Number	Market Value per unit	Total Value		Amount per annum (€)
Silage (tons)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Casual	<input type="text"/>
Silage (bales)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Permanent	<input type="text"/>
Hay (bales)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Total	<input type="text"/>
Straw (bales)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Grain (tons)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Other (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Other (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
			TOTAL VALUE		<input type="text"/>

DETAILS OF FARM BUILDINGS

Description	Livestock capacity	Location (i.e. lot 1, lot 2, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

DIRECT PAYMENT DETAILS

		Amount €
Single Farm Payment		<input type="text"/>
Number of Entitlements	<input type="text"/>	
Value per hectare	<input type="text"/>	
Rural Environment Protection Scheme (REPS)	(yr of expiry <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>)	<input type="text"/>
Agri Environmental Options Scheme (AEOS)	(yr of expiry <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>)	<input type="text"/>
Forestry Premia	(yr of expiry <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>)	<input type="text"/>
Disadvantaged Area Payment		<input type="text"/>
Suckler Cow Welfare Scheme		<input type="text"/>
Total		<input type="text"/>

TRADING ACCOUNTS

	Year 1	Year 2	Year 3
Full Year Accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Period Ending	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Accounts Type	Audited <input type="checkbox"/>	Audited <input type="checkbox"/>	Audited <input type="checkbox"/>
Auditors Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Value (€000s)	Value (€000s)	Value (€000s)
Sales/Turnover	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gross Profit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net Profit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interest	<input type="text"/>	<input type="text"/>	<input type="text"/>
Depreciation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drawings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER

Tax Status (Tax up to date)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a revenue agreement in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Monthly Amount of Revenue Agreement	<input type="text"/>

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/Farm Owner

Note: If your personal details below are the same as your Business/Farm Financial Details that you have just filled in, there is no need to complete all fields below.

Name	<input type="text"/>	No of Dependants	<input type="text"/>
Address	<input type="text"/>	Age Range	from <input type="text"/> to <input type="text"/>
Country	<input type="text"/>	Residential Status	Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Living with Parents <input type="checkbox"/>
Account Number	<input type="text"/>	Other	<input type="text"/>
Sort Code	<input type="text"/>	Number of Years at Address	<input type="text"/>
Contact Details		Estimated Value of Home	€ <input type="text"/>
Email	<input type="text"/>	Previous Address (if less than 3 years at current address)	<input type="text"/>
Landline	<input type="text"/>	Off Farm Income (OFI) (Tick as appropriate)	Gross <input type="checkbox"/> Net <input type="checkbox"/>
Mobile	<input type="text"/>		
Best Contact Time	<input type="text"/>		
Date of Birth	<input type="text"/>		
Time with Bank	<input type="text"/>		

	Details	Amount	Freq. of Payment
OFI (i)	<input type="text"/>	€ <input type="text"/>	<input type="text"/>
OFI (ii)	<input type="text"/>	€ <input type="text"/>	<input type="text"/>

PERSONAL FINANCIAL DETAILS Principal Business/Farm Owner

BORROWINGS	Financial Institution	Balance	Repayment Amount	Frequency	Annual Repayment
Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overdraft	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit & other Cards	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (give details)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Value					<input type="text"/>

SAVINGS & INVESTMENTS	Financial Institution	Amount Held (000's)
Savings	<input type="text"/>	<input type="text"/>
Deposits	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Investments	<input type="text"/>	<input type="text"/>
Investment Accounts	<input type="text"/>	<input type="text"/>
Life Assurance	<input type="text"/>	<input type="text"/>
Shares	<input type="text"/>	<input type="text"/>
Pension	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Total Value		<input type="text"/>

PROPERTY		
Property 1 (other than family home)	<input type="text"/>	
Please also indicate current property value	€ <input type="text"/>	Gross annual rental income (if applicable)
Property 2 (other than family home)	<input type="text"/>	
Please also indicate current property value	€ <input type="text"/>	Gross annual rental income (if applicable)
Other (give details)	<input type="text"/>	€ <input type="text"/>

PERSONAL DETAILS Second Business/Farm Owner

Note: If your personal details below are the same as your Business/Farm Financial Details that you have just filled in, there is no need to complete all fields below.

Name	<input type="text"/>	No of Dependants	<input type="text"/>
Address	<input type="text"/>	Age Range	from <input type="text"/> to <input type="text"/>
Country	<input type="text"/>	Residential Status	Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Living with Parents <input type="checkbox"/>
Account Number	<input type="text"/>	Other	<input type="text"/>
Sort Code	<input type="text"/>	Number of Years at Address	<input type="text"/>
Contact Details		Estimated Value of Home	<input type="text"/>
Email	<input type="text"/>	Previous Address (if less than 3 years at current address)	<input type="text"/>
Landline	<input type="text"/>	Off Farm Income (OFI) (Tick as appropriate)	Gross <input type="checkbox"/> Net <input type="checkbox"/>
Mobile	<input type="text"/>		
Best Contact Time	<input type="text"/>	Details	Amount
Date of Birth	<input type="text"/>	OFI (i)	€
Time with Bank	<input type="text"/>	OFI (ii)	€
			Freq. of Payment

PERSONAL FINANCIAL DETAILS Principal Business/Farm Owner

BORROWINGS	Financial Institution	Balance	Repayment Amount	Frequency	Annual Repayment
Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overdraft	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit & other Cards	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (give details)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Total Value	<input type="text"/>

SAVINGS & INVESTMENTS	Financial Institution	Amount Held (000's)
Savings	<input type="text"/>	<input type="text"/>
Deposits	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Investments	<input type="text"/>	<input type="text"/>
Investment Accounts	<input type="text"/>	<input type="text"/>
Life Assurance	<input type="text"/>	<input type="text"/>
Shares	<input type="text"/>	<input type="text"/>
Pension	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
		Total Value

PROPERTY		
Property 1 (other than family home)	<input type="text"/>	
Please also indicate current property value	€ <input type="text"/>	Gross annual rental income (if applicable)
Property 2 (other than family home)	<input type="text"/>	€ <input type="text"/>
Please also indicate current property value	€ <input type="text"/>	Gross annual rental income (if applicable)
Other (give details)	<input type="text"/>	€ <input type="text"/>

PART 3: APPLICATION DETAILS

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

APPLICATION DETAILS

FACILITY 1 Overdraft Loan

Other

Non Bank input €

Source of Non bank input (savings/DOA Grant, etc)

Loan 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 comment

FACILITY 2 Overdraft Loan

Other

Non Bank input €

Source of Non bank input (savings/DOA Grant, etc)

Loan 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 comment

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 this investment will be supported by Department of Agriculture, Food and the Marine funding and/or other specialist funding.

Additional Information

Depending on the purpose of your borrowing further details may be required. For example, if you are building animal handling/housing facilities expected construction costs may be required. If you are purchasing land the address, valuation, etc may be required.

Please provide any additional information which is relevant to your application.

Attachments

These details may not be required for all applications. Your Relationship Manager will advise you what further information is required to ensure a speedy decision.

	Date Received								
Certified/Audited Accounts	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Confirmation of Tax Affairs	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Management Accounts/ Profit Monitor	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Cashflow Statement	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Business Plan	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Statement of Direct payments/ Milk quota statements	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Aged Debtors Listing	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Aged Creditors Listing	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

Security/Collateral proposed

Your Relationship Manager will inform you if security is required.

PART 4: DATA PROTECTION ACT & AUTHORISATIONS

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

AUTHORISATION AND APPLICATION

In this Authorisation, the following terms have the following meanings; the "Bank" means The Governor and Company of the Bank of Ireland (which includes Bank branches); the "Group" means any and all of the separate legal entities that comprise the Bank of Ireland Group; my/our "data" means all and any information which has been provided or will be provided to you, whether by me/us or by a third party, including in any application forms; provided in further meetings and discussions with you; ongoing transaction data in respect of my/our accounts and relationships with the Bank/Group; or other such data.

DIRECT MARKETING CONSENT (OPTIONAL)

I / We consent to the details, that I/we are being asked to supply, being used to provide me/us with information about other products and services, either from the Bank of Ireland Group or which the Bank of Ireland Group has arranged for me/us with a third party.

If you would not like the information to be utilised for this purpose, please tick this box.

I/we understand that at any time I/we can ask you to stop or change the methods by which the Bank may send me/us marketing materials. This can be done free of charge by writing to my/our branch of the Bank.

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

To the Bank of Ireland Group

- Where this application is an application for facilities, I/we confirm that I/we am/are not less than 18 years of age.
- 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.
- I/we understand that you reserve the right to decline this or any future application. In the event of a decline, the reasons for the decline will be clearly explained.
- I/we hereby consent to the Bank and, where appropriate, the Group, and its or their duly authorised agents, holding, using, disclosing and processing my/our data in the following ways.
I/We consent to the information that I am/we are being asked to provide being used for the following purposes:
 - Unless I/we have indicated to the contrary in writing, for direct marketing purposes, to advise me/us of products or services of the Bank, the Group or selected third parties. Unless I/we indicate to the contrary, to contact me/us by post, telephone, email, fax or other means (subject to applicable legislation);
 - To carry out statistical analysis and market research.
 - To maintain a "single view" of my/our relationship with the Bank/Group; and whereby data can be transferred between the Bank and members of the Group, and its or their duly authorised agents, held on, or linked to, a Group database and for the Bank and any other Group companies and/or duly authorised agents to manage and develop its/their relationship with me/us and for general business purposes.
 - To carry out searches and disclose information to credit reference agencies for the purpose of assisting applications for account opening, credit and credit related services and for ongoing credit review. I/We further consent to the recording of any transaction which may result from this application with the Irish Credit Bureau, any successors thereafter, or any other such credit reference agency(ies) (hereinafter referred to as "ICB"); to ICB recording, retaining and disclosing details of searches made against me/us for a period of one year prior to; and one year subsequent to; the date of the search made in respect of this application; to ICB (and financial institutions participating in the ICB) disclosing details of any transaction which might result from this application to financial institutions participating in the ICB and to ICB (and financial institutions participating in the ICB) disclosing to each other any material misstatement of fact contained on applications by me/us for financial services.
 - To prevent and detect fraud. Customer information can be used to prevent crime and trace those responsible. We may check your details with fraud prevention agencies. If you give us false or misleading information and we suspect fraud, we will record this.
 - To manage and administer my/our accounts or policy/policies of insurance on an on-going basis; for on-going credit review and analysis; to the disclosure of information and/or documentation to a prospective or actual assignee; to the disclosure of information and/or documentation to any other party in connection with a loan transfer and securitisation scheme.
 - Where I/we hold a mortgage with the Bank/Group, I/we consent to the use of my/our data for the purposes described in the mortgage application, loan offer and mortgage documentation.
 - To hold, use, disclose and process my/our data for any other specific purposes where I/we have given the Bank/Group my/our specific consent to do so.
 - For disclosure or transfer of my/our data abroad but only for any of the purposes specified above, to persons who have been approved by the Bank and/or the Group, and in a manner compliant with applicable data protection legislation.
- In the event of a Facility being approved, I/we authorise the Bank to make the Facility available and to put the appropriate repayment schedule into effect.
- 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)

I/We hereby confirm that each authorisation contained herein to hold, use, disclose, copy and process information constitutes a consent for the purposes of the Data Protection Act 1988 and 2003 and any amending or extending legislation or any related European Communities regulation or directive.

1.	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

FOR BANK USE ONLY

Branch	<input type="text"/>	NSC	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Witnessed by	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Application No.	<input type="text"/>									

WARNING: IF YOU DO NOT MEET THE REPAYMENTS 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.

PART 5 (i): PERSONAL CUSTOMER 1 IDENTIFICATION & CONSENT FORM

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 Account Number
Person to be Identified

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

Sole Trader Partner Authorised Signatory Director Beneficial Owner

To the Governor and Company of the Bank of Ireland (the "Bank", which term includes and shall be construed to include Bank Branches)

Customer Consent: I hereby agree that any information and/or any original documents and/or any copy documents supplied by me or on my behalf to the Bank (whether in its own capacity or as agent of a Bank of Ireland Group member) so as to enable the Bank and/or Bank of Ireland Group to comply with any and all obligations of the Bank and/or Bank of Ireland Group under:

- the laws and regulations concerning the prevention of money laundering and terrorist financing ("anti money laundering provisions"); and/or
- Part 38, Chapter 3A of the Taxes Consolidation Act, 1997, as amended, varied or substituted from time to time (the "1997 Act")
- The Return of Payments Regulations 2008

may at any time be disclosed or transferred by the Bank to, or copies thereof sent by the Bank to, any Bank branch, any other Bank of Ireland Group member, or any other party as defined in, under or pursuant to the anti money laundering provisions and/or the 1997 Act, that may at any time provide or be requested to provide any service(s) to me. I hereby further agree that any information and/or any original documents and/or any copy documents that have been supplied by or for me to any Bank of Ireland Group member to enable such Bank of Ireland Group member and/or Bank of Ireland Group to comply with any and all obligations under or pursuant to the anti money laundering provisions and/or the 1997 Act may at any time, by such Bank of Ireland Group member, be disclosed to any other Bank of Ireland Group member, or be transferred to, or copies thereof sent to any other Bank of Ireland Group member, so as to enable such other Bank of Ireland Group member to comply with the anti money laundering provisions and/or the 1997 Act, and for the benefit of any Bank of Ireland Group member to which we have supplied any such information, documents and/or copy documents aforesaid, I hereby confirm that such Bank of Ireland Group member may act on this authorisation and consent as if it was specifically addressed to such Bank of Ireland Group member. I hereby confirm that each authorisation contained herein to hold, use, disclose, copy and process information constitutes a consent for the purpose of the Data Protection Acts 1988 and 2003 and any amending or extending legislation or any related European Communities regulation or directive. For the purposes of this consent, the terms "Bank of Ireland Group" and "Bank of Ireland Group member" each mean and shall be construed to mean any and all of the following: the Bank, any branch of the Bank, the separate legal entities that constitute the Bank of Ireland Group and any respective successors, assigns and transferees of the Bank of entities aforesaid.

Signed Date / /

FOR BANK USE ONLY

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

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 consent as detailed above, 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 must be verified in line with procedures.

Face to Face contact with person being identified? Yes No If **NO**, specify method of contact
(two forms of address verification must be obtained)

Address Verification 2 x 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 5 (ii): PERSONAL CUSTOMER 2 IDENTIFICATION & CONSENT FORM

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 Account Number
Person to be Identified

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

Sole Trader Partner Authorised Signatory Director Beneficial Owner

To the Governor and Company of the Bank of Ireland (the "Bank", which term includes and shall be construed to include Bank Branches)

Customer Consent: I hereby agree that any information and/or any original documents and/or any copy documents supplied by me or on my behalf to the Bank (whether in its own capacity or as agent of a Bank of Ireland Group member) so as to enable the Bank and/or Bank of Ireland Group to comply with any and all obligations of the Bank and/or Bank of Ireland Group under:

- the laws and regulations concerning the prevention of money laundering and terrorist financing ("anti money laundering provisions"); and/or
- Part 38, Chapter 3A of the Taxes Consolidation Act, 1997, as amended, varied or substituted from time to time (the "1997 Act")
- The Return of Payments Regulations 2008

may at any time be disclosed or transferred by the Bank to, or copies thereof sent by the Bank to, any Bank branch, any other Bank of Ireland Group member, or any other party as defined in, under or pursuant to the anti money laundering provisions and/or the 1997 Act, that may at any time provide or be requested to provide any service(s) to me. I hereby further agree that any information and/or any original documents and/or any copy documents that have been supplied by or for me to any Bank of Ireland Group member to enable such Bank of Ireland Group member and/or Bank of Ireland Group to comply with any and all obligations under or pursuant to the anti money laundering provisions and/or the 1997 Act may at any time, by such Bank of Ireland Group member, be disclosed to any other Bank of Ireland Group member, or be transferred to, or copies thereof sent to any other Bank of Ireland Group member, so as to enable such other Bank of Ireland Group member to comply with the anti money laundering provisions and/or the 1997 Act, and for the benefit of any Bank of Ireland Group member to which we have supplied any such information, documents and/or copy documents aforesaid, I hereby confirm that such Bank of Ireland Group member may act on this authorisation and consent as if it was specifically addressed to such Bank of Ireland Group member. I hereby confirm that each authorisation contained herein to hold, use, disclose, copy and process information constitutes a consent for the purpose of the Data Protection Acts 1988 and 2003 and any amending or extending legislation or any related European Communities regulation or directive. For the purposes of this consent, the terms "Bank of Ireland Group" and "Bank of Ireland Group member" each mean and shall be construed to mean any and all of the following: the Bank, any branch of the Bank, the separate legal entities that constitute the Bank of Ireland Group and any respective successors, assigns and transferees of the Bank of entities aforesaid.

Signed Date / /

FOR BANK USE ONLY

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

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 consent as detailed above, 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 must be verified in line with procedures.

Face to Face contact with person being identified? Yes No If **NO**, specify method of contact
(two forms of address verification must be obtained)

Address Verification 2 x 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 6: GROSS MARGINS/REPAYMENT CAPACITY ANALYSIS (BANK USE ONLY)

GROSS MARGINS - PROJECTED PRODUCTION YEAR ENDING

Enterprise (Dairy/Beef/Sheep/Tillage etc)	No of acres/ gallons etc	Gross Margin per unit	Total Gross Margin
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Total (1)			<input style="width: 100%;" type="text"/>

NDA CALCULATION	SURPLUS/DEFICIT
-----------------	-----------------

Fixed Assets	
Land/ Buildings	<input style="width: 100%;" type="text"/>
Machinery/ Cars	<input style="width: 100%;" type="text"/>
Non Farm Fixed Assets	<input style="width: 100%;" type="text"/>
(A) Total Fixed Assets	<input style="width: 100%;" type="text"/>
(B) Total Current Assets	
(Livestock, + Tillage + Farm Produce + Savings/Debtors)	<input style="width: 100%;" type="text"/>
Total Assets (A+B)	<input style="width: 100%;" type="text"/>
Liabilities	
Bank Liabilities	<input style="width: 100%;" type="text"/>
Other Financial Ins	<input style="width: 100%;" type="text"/>
Other Liabilities	<input style="width: 100%;" type="text"/>
(C) Total Liabilities	<input style="width: 100%;" type="text"/>
Net Disposable Assets (NDA)	
Current Assets Less Total Liabilities (B-C)	<input style="width: 100%;" type="text"/>

Subsidies/incomes/premia	Total Received	
Single Farm Payment (discounted as appropriate)	<input style="width: 100%;" type="text"/>	
AEOS	<input style="width: 100%;" type="text"/>	
Disadvantaged Area Payment	<input style="width: 100%;" type="text"/>	
Forestry Premia (if applicable)	<input style="width: 100%;" type="text"/>	
Other (Please specify) <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Total Subsidies/Premia	(2)	<input style="width: 100%;" type="text"/>
Off Farm Income	Source	Net Amount
Farmer	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Spouse	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Rental Income	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other (please specify)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Off Farm Income Total	(3)	<input style="width: 100%;" type="text"/>
Total Income (1+2+3)	(4)	<input style="width: 100%;" type="text"/>
Outgoings	Source	Net Amount
Overheads & Land Rental		<input style="width: 100%;" type="text"/>
Total Repayments		<input style="width: 100%;" type="text"/>
Taxes		<input style="width: 100%;" type="text"/>
Family Drawings		<input style="width: 100%;" type="text"/>
Other (Please specify)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Total Outgoings	(5)	<input style="width: 100%;" type="text"/>
Surplus/Deficit (Bank Use Only)	(4-5)	<input style="width: 100%;" type="text"/>

