Agri Lending Application Form Republic 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.

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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)

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/

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.

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 B	BUSINESS DETAILS Please tell us about your fa	arming business. This infor	mation will assist us in providing a professional timely response.
BUSIN	IESS DETA	AILS		
Business			Main Bank Acco	ount Details
Trading 1 (if different	Name t from above)		Sort Code	
Farm Ad	dress		Business Type	Sole Trader Ltd. Co. Other
			If other specify (e.g. Partnership)
			Company Regis (if applicable)	tration Number
Country			Company incorp (if applicable)	borated in (Country)
Contact	Person		In Business sinc	
Email				
Telephor	ne		Customer since No. of Employee	
Mobile				
Fax				
Best Cor	ntact Time			
BUSIN	IESS/FARM	MOWNERSHIP DETAILS List below an	y shareholding entity tha	t ultimately owns or controls 25% or more of the shares or
		voting rights in	this business or otherwis	se exercises control over the management of this business
1. Ow	ner Name		Director Yes	Irish Resident Yes No
Ado	dress			Date of Birth DD / MM / YY
Oco	cupation			Percentage Shareholding %
2. Ow	ner Name		Director Yes	Irish Resident Yes No
Ado	dress			Date of Birth DD / MM / YY
000	cupation			Percentage Shareholding %
3. Ow	ner Name		Director Yes	Irish Resident Yes No
Ado	dress			Date of Birth D D / M M / Y Y
000	cupation			Percentage Shareholding %
		ate shareholder that ultimately owns or controls 10% gement of this business	or more of the shares or	r voting rights in this business or otherwise exercises
1. Bus	iness Name			% of shares owned in the business %
Reg	gistered No.			
2. Bus	siness Name			% of shares owned in the business
Reg	jistered No.			

FARM FINANCIAL DETAILS	FARM FINANCIAL DETAILS Note: Personal financial details will be sought in later sections						
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)	Frequ (e.g. M	iency Ionthly)	Annual Repayment (e.g. €24,000)	
)			
)			
	Total Value						
OTHER FINANCIAL COMMITMENTS	1	Details				Amount	
e.g. Merchant Credit, Co-Op Debt, Forward Contracts,							
Bank Guarantees, etc.							
SAVINGS/DEBTORS	Financ	ial Institution			Amou	ınt Held (000's)	
Savings/Deposit Acc							
Savings/Deposit Acc (if applicable)							
Other Savings							
Debtors							
			Tota	I Value			
INVESTMENTS	Financial In	stitution		Value	€	Term Remaining (If applicable)	
Investments							
Life Assurance							
Pension							
Shares							
Property							
Other (specify)							
Other (specify)							

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) (Forwar	d Stores to Beef) (Summer	Grazing) (Over - Wintering)					
Sheep System: (Lowland - Early) (Lowland - N	Sheep System: (Lowland - Early) (Lowland - Mid Season) (Hill/Mountain)						
HERD HEALTH STATUS (Please tic	HERD HEALTH STATUS (Please tick as appropriate)						
T.B. Clear Closed	ТВС	Count fo	or year ending DD /				
BVD Clear Vaccinated	Leptospiros	sis Clear	Vaccinated				
	Other						
OWNED LAND DETAILS							
LAND OWNED	Townland	Acreage	Quality (Excellent; Good; Average; Poor)	Market Value (€)			
Lot 1							
Lot 3							
Lot 4							
Lot 5							
DETAILS OF RENTED LAND							
(Specify lease or rent)	Townland	Acreage	Term	Annual Rental per Acre (€)			
Lot 1 : Lease/Rent (delete as appropriate)							
Lot 3 : Lease/Rent (delete as appropriate)							
Lot 4 : Lease/Rent (delete as appropriate)							
Lot 5 : Lease/Rent (delete as appropriate)							
DAIRY DETAILS (if applicable)				(PENDITURE AR/TWO YEARS			
Current annual milk production	Projected and	nual milk production	(provide deta	ils of development and cost)			
Gallons	Gallons	Litres					
Year ending DD / MM / Y							
Co-op Supplied							
Protein content % Yes							
Protein content % Yea	r ending DD / M						
	r ending DD / M						
Butterfat content % Yea							

LIVESTOCK	LIVESTOCK							
Livestock Catego	ory		Number		Market Value per unit	(€) I	Fotal	
DAIRY	Cows]
	In Calf heife	rs]
	Maiden heife	ers						
	Calves 0-6 r	nths						
	Bulls							
BEEF	Suckler cow	2						
DELI	In calf heifer							
		5						
	Bulls							
	Over 2 years	5						
	1-2 years							
	< 1 year							
SHEEP	Breeding ev	/es]
	Lambs]
	Rams							
	Other sheep)						
PIGS	Sows & Gilt	3						
1100	Boars	5						
	Fattners]			
	Bonhams							
HORSES (specify)								
POULTRY (specify	/)							
OTHER (specify)								
					Т	OTAL VALUE		
CROPS					FARM MACHINER		Places list main r	machinan ()
	creage	Expecte	ed yield	Total Market Value	Description	Age		Value
		(tn/acre)					
]	<u> </u>						
		тс	OTAL VALUE				TOTAL VALUE	
FARM PRODU					LABOUR			
N	umber		ket Value unit	Total Value			Amount per a	nnum (€)
Silage (tons)					Casual]
Silage (bales)					Permanent			
Hay (bales)					Total			
		\dashv						
Straw (bales)		\dashv						
Grain (tons)								
Other (Specify)		$ \rightarrow $						
Other (Specify)								
			TOTAL VALU	E				

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DETAILS OF FARI	M BUILDINGS						
Description		Livestock capacity	Location (i.e. lot 1, lot 2, etc.)				
DIRECT PAYMEN							
DITEOTIATMEN			Amount €				
Single Farm Payment							
Number of Entitlements		Value per hectare					
Rural Environment Prote	ection Scheme (REPS)	(yr of expiry 2 0)				
Agri Environmental Opti	ons Scheme (AEOS)	(yr of expiry 2 0)				
Forestry Premia		(yr of expiry 2 0)				
Disadvantaged Area Payment							
Suckler Cow Welfare So	Suckler Cow Welfare Scheme						
Total							
TRADING ACCOL	INTS						
	Year 1	Year 2	Year 3				
Full Year Accounts?	Yes No	Yes No	Yes No				
Period Ending							
Accounts Type	Audited	Audited	Audited				
	Auditors Name	Auditors Name	Auditors Name				
	Certified	Certified	Certified				
	Management	Management	Management				
	Other	Other	Other				
	Value (€000s)	Value (€000s)	Value (€000s)				
Sales/Turnover							
Gross Profit							
Net Profit							
Interest							
Depreciation							
Drawings							
Тах							
OTHER							
		No					
Tax Status (Tax up to da		No No					
Is a revenue agreement		No					
Monthly Amount of Rev	enue 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.

	AILS Principal Business/Farm Owner details below are the same as your Business/Farm Fina	ancial Details that you have jus	t filled in, there is no r	need to complete all fields belo
Name		No of Dependants		
Address		Age Range	from	to
		Residential Status	Owner Tenar	nt Living with Parents
Country			Other	

Account Number

Sort Code

Contact Details

Email

Landline

Mobile

Best Contact Time

Date of Birth

Time with Bank

 D
 J
 M
 M
 Y
 Y

 M
 M
 Months
 Y
 Y
 Years

Estimated	Value of Home	

Number of Years at Address

Previous Address (if less than 3 years at current address)		
Off Farm Income (OF) (Tick as appropriate)	Gross Net
Details	Amount	Freq. of Payment
OFI (i)	€	
OFI (ii)	€	

€

PERSONAL FINANCIAL DETAILS Principal Business/Farm Owner

BORROWINGS	Financial Institution	Balance	Repayment Amount	Frequency	Annual Repayment
Mortgage					
Personal Loan					
Motor Loan					
Overdraft					
Credit & other Cards					
Tax Liability					
Other (give details)					

Total Value

SAVINGS & INVESTMENTS	Financial Institution	Amount Held (000's)
Savings		
Deposits		
Other		
Investments		
Investment Accounts		
Life Assurance		
Shares		
Pension		
Other		
	Total Value	

PROPERTY

Property 1 (other than family home)		
Please also indicate current property value	€ Gross annual rental income (if applicable)	€
Property 2 (other than family home)		
Please also indicate current property value	€ Gross annual rental income (if applicable)	€
Other (give details)		€

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		No of Dependants		
Address		Age Range	from	to
		Residential Status	Owner Tenant	Living with Parents
Country			Other	
Account Number		Number of Years at A	ddress	
Sort Code		Estimated Value of He	ome	
Contact Details		Due ieue Addue ee		
F		Previous Address		
Email		(if less than 3 years		
Landline		at current address)		
		Off Farm Income (O	FI) (Tick as appropriate)	Gross Net
Mobile		Details	Amount	Freq. of Payment
Best Contact Time			€	
		OFI (i)		
Date of Birth		OFI (ii)	€	
Time with Bank	M M Months Y Y Years			

PERSONAL FINANCIAL DETAILS Principal Business/Farm Owner

BORROWINGS	Financial Institution	Balance	Repayment Amount	Frequency	Annual Repayment
Mortgage					
Personal Loan					
Motor Loan					
Overdraft					
Credit & other Cards					
Tax Liability					
Other (give details)					
				Total Value	

SAVINGS & INVESTMENTS	Financial Institution	Amount Held (000's)
Savings		
Deposits		
Other		
Investments		
Investment Accounts		
Life Assurance		
Shares		
Pension		
Other		
	Total Value	

PROPERTY

Property 1 (other than family home)		
Please also indicate current property value €	Gross annual rental income (if applicable)	€
Property 2 (other than family home)		
Please also indicate current property value €	Gross annual rental income (if applicable)	€
Other (give details)		€

PART 3: APPLICATION DETAILS

ase 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 D	ETAILS	
FACILITY 1	Overdraft Loan	FACILITY 2 Overdraft Loan
	Other	Other
Non Bank input	€	Non Bank input
Source of Non bank		Source of Non bank
input (savings/DOA G	rant, etc)	input (savings/DOA Grant, etc)
Loan Amount Require	d €	Loan Amount Required
Repayment Period	Y years M months	Repayment Period Y Y years M M months
Purpose of Facility		Purpose of Facility
e.g. Working Capital		e.g. Working Capital
Loan Repayment		Loan Repayment
Frequency e.g. Month	ıly	Frequency e.g. Monthly
Loan First Repayment		Loan First Repayment Date DD / MM / YY
Do you foresee any ad	dditional	Do you foresee any additional
requirement over the	coming 12 months? Yes No	requirement over the coming 12 months? Yes No
If yes, please comme	nt	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.

	Dale Received			
Certified/Audited Accounts	DD / MM /	YY		
Confirmation of Tax Affairs		YY		
Management Accounts/ Profit Monitor	DD / MM /	YY		
Cashflow Statement	DD / MM /	YY		
Business Plan		YY		
Statement of Direct payments/ Milk quota statements	DD/MM/	YY		
Aged Debtors Listing	DD / MM /	YY		
Aged Creditors Listing		YY		
Other				
	DD/MM/	YY		

Security/Collateral proposed

Your Relationship Manager will inform you if security is required.

PART 4: 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.
- 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 pBureau 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	20
Applicant 2.	Date	20
Applicant 3.	Date	20
Applicant 4.	Date	20

BANK USE ONLY

BANK USE ONLY	
Branch	
Witnessed by	Date 20
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.

NOTICE FROM IRISH CREDIT BUREAU D.A.C ('ICB')

As a result of the introduction of the General Data Protection Regulation ('GDPR'), from 25th May, 2018 ICB will be using 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 Ioan 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. It documents who they are, what they do, details of their Data Protection Officer, how they get the data, why they take it, what personal data they hold, what they do with it, how long they retain it, who they share it with, what entitles them to process the data (legitimate interests), what happens if your data is inaccurate and your rights i.e. right to information, right of access, right to complain, right to object, right to request erasure and right to request correction of your personal information.

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.

PART 5 (i): PERSONAL CUSTOMER 1 IDENTIFICATION FORM

This form should be completed by the individual presenting the Identification & Verification Documents. (I the Beneficial Owners to complete this form). Two copies of the Form are enclosed in this Application Pac	
Account Name Acco	bunt 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
Signed	Date DD / MM / YY
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	
	_
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 detail Entity who has established his/her identity to update the AML Documentation Screen or provide copies of the ID document 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.	
Signed (Staff Member) Staff Number	
Date DD/MM/YY	Copies of ID material(s) must be attached to this Form

PART 5 (ii): PERSONAL CUSTOMER 2 IDENTIFICATION 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 **Beneficial Owner** Director D D / M M / Date Signed 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 1 1 V 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, 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 If NO, specify method of contact No (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

Staff Number

Date

Signed (Staff Member)

DIMM

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
		Total (1)	

NDA CALCULATION	SURPLUS/DEFICIT		
Fixed Assets	Subsidies/incomes/premia	_	Total Received
Land/ Buildings	Single Farm Payment (discounted as appropriate)		
Machinery/ Cars	AEOS		
Non Farm Fixed Assets	Disadvantaged Area Payment Forestry Premia (if applicable)		
(A) Total Fixed Assets	Other (Please specify)		
(B) Total Current Assets (Livestock, + Tillage + Farm Produce	Total Subsidies/Premia	(2)	
+ Savings/Debtors)	Off Farm Income	Source	Net Amount
Total Assets (A+B)	Farmer		
Liabilities	Spouse		
Bank Liabilities	Rental Income		
Other Financial Ins	Other (please specify)		
Other Liabilities	Off Farm Income Total (3)		
(C) Total Liabilities	Total Income (1+2+3) (4)		
Net Disposable Assets (NDA)	Outgoings	Source	Net Amount
Current Assets Less Total Liabilities (B-C)	Overheads & Land Rental		
	Total Repayments		
	Taxes		
	Family Drawings		
	Other (Please specify)		
	Total Outgoings (5)		

Surplus/Deficit (Bank Use Only) (4-5)

www.bankofireland.com/business