

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 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 Leptospirosis 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"/>
						TOTAL VALUE

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		

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

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

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)	€ <input type="text"/>
Property 2 (other than family home)	<input type="text"/>		
Please also indicate current property value	€ <input type="text"/>	Gross annual rental income (if applicable)	€ <input type="text"/>
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"/>	Time with Bank	<input type="text"/> <input type="text"/> Months	<input type="text"/> <input type="text"/> Years
Address	<input type="text"/>	No of Dependants	<input type="text"/>	
Country	<input type="text"/>	Age Range	from <input type="text"/>	to <input type="text"/>
Account Number	<input type="text"/>	Residential Status	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Living with Parents <input type="checkbox"/> 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	Net
Mobile	<input type="text"/>			
Best Contact Time	<input type="text"/>			
Date of Birth	<input type="text"/>			
Personal Public Service Number (PPSN)*	<input type="text"/>			

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

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

Confirmation of Tax Affairs / /

Management Accounts/
Profit Monitor / /

Cashflow Statement / /

Business Plan / /

Statement of Direct payments/
Milk quota statements / /

Aged Debtors Listing / /

Aged Creditors Listing / /

Other / /

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.
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

Applicant 2.

Date

Applicant 3.

Date

Applicant 4.

Date

BANK USE ONLY

Branch

NSC

Witnessed by

Date

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>.

PART 5 (i): PERSONAL CUSTOMER 1 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 Director Beneficial Owner

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 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 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 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

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 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 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"/>
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<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

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"/>

SURPLUS/DEFICIT

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: 150px;" 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: 150px;" 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"/>

