## APPLICATION FOR LOAN NOT EXCEEDING £10,000

The Trustees of Thomas Arneway's Loan Charity
(Registered Charity Number 208537)
50 Broadway
Westminster
London
SW1H 0BL

Personal Details					
Full Name:	Age: Number of dependents:				
Occupation:	Marital Status:				
Private Address:	Nationality:				
		IV Desident.		No.	
	Permanent UK R	esident:	Yes	No	
			ı		
Length of Time at This Address:	Do You Own This	s Property:	Yes	No	
Is the Property:					
a house flat furnished room other (please specify):					
Contact Numbers:					
Current Business Name and Address (if you have been at t	this address for under (	5 years please p	rovide infor	rmation in columns	
beneath):					
Previous Address 1:	Previous Address 2:				
Amount requested as loan from Arneway's Charity:	£				
Amount requested as loan from Ameway's Charity.	<u> </u>				
Business Details					
Do you have a business partner in your present or new business (if so		Yes		No	
please provide details below)?					
Business Partner Name:	<u> </u>				
Age:	Length of business partnership:				
Address:					
Employment and Financial Details		,			
Are you currently employed (if so please provide details below)		Yes		No	
Employer Name:					
Address:					
Annrovimate Current Farnings		Dor Annum	. 1	£	
Approximate Current Earnings: Per Week:	f f	Per Annum	:	<u> </u>	
Would you agree to authorise your Income Tax Inspector or your employer (if applicable) to supply us with a copy of your last tax				No	
employer (if applicable) to supply us with a copy of your last tax  return or associated information?  Yes			110		
Do you have any of the following registered against yo	ou (please circle):	<u>I</u>			
Country Court Judgments Bills Of Sale Bankruptcy Deeds of Arrangements Other					
Name and Address of Main Bank:					

Guarantors				
to join in a joint and several Bond to the Trustees t	both householders (own their own homes) and are willing to secure a payment of such loan and interest thereon at a			
rate of not exceeding one per cent above the Bank  Proposed Guarantor 1:	of England base rate at the time of the loan.			
Name:				
Address:				
Contact Numbers:				
Occupation:	Relationship to applicant:			
Length of time proposed guarantor has known you	(applicant):			
Business Name and Address:				
Proposed Guarantor 2:				
Name:				
Address:				
Contact Numbers:				
Occupation:	Relationship to applicant:			
Length of time proposed guarantor has known you	(applicant):			
Business Name and Address:				
Bulling				
Declaration				
The above information is true and is not rendered misleading by omission. I know of no facts or information which, if disclosed to the Trustees, would affect their decision relating to my application. I have explained to my Guarantors why I require an advance from the Trustees, and my Guarantors understand that should I fail to make the necessary repayments; they will be required to make them on my behalf and to pay the costs associated with my default:				
Signature:	Date:			
Additional Accompanying Information				
Please attach the following information to support	: your application:			
1) A copy of your latest business accounts (audited if possible).				
2) A copy of your last income tax return and P60 form.				
<ul><li>3) A full business plan.</li><li>4) An explanation of the full purpose for which the loan is required.</li></ul>				
5) Please feel free to provide any additional relevant information.				
How did you hear about us?				