



Statement of Personal Details Assets & Liabilities, Income & Expenditure

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Please complete the information on the following pages as fully and accurately as possible. The information you advise here will be used to submit your application to the lender. Please return the form to your Business Manager.

Monthly Income	You	Partner
Full Name		
Salary / Drawings (Gross)	£	£
Bonus	£	£
Overtime	£	£
Other Monthly Income (Please detail e.g. Rentals, Interest, Dividends, Fees, etc)		
Rent	£	£
Interest	£	£
Dividends	£	£
Fees	£	£
Working Family Tax Credit	£	£
Child Benefit	£	£
Other Benefits	£	£
Total Monthly Income	£	£

Total Household Monthly Expenditure	
Tax / NI / VAT	£
Mortgage / Rent	£
Ground Rent / Property Maintenance / Ground Rent or Services	£
Council Tax / Water Rates	£
Gas / Electricity	£
Insurance / Buildings / Contents / Health / Life	£
Travel / Car Insurance & Tax	£
Maintenance of ex-partner	£
Loan / Hire Purchase Repayments	£
Credit / Store Card Repayments	£
School / University Fees (Please provide expiry date(s))	£
Food / Housekeeping	£
TV / Telephone / Broadband / Mobile	£
Clothing / Gifts / Holiday / Leisure / Pets	£
Savings / Pension	£
Other Regular Commitments (Please specify)	£
Total Monthly Expenditure	£

Please provide details of debts you have including overdraft balances					
Owner	Type of Debt	Provider	Amount outstanding £	Monthly payments £	Will this be cleared within 6 months?

Assets		Liabilities	
Properties		Mortgage/Property Loans	
Residential Home	£	Lender	
Address		Current Value	£
		Balance Outstanding	£
		Monthly Payment	£
Postcode		Term Remaining	years
Property Portfolio	£	Property Portfolio	£

Please complete details for the property/properties on the attached Property Schedule

Life Policies		Bank Loans / Overdrafts / Hire Purchase	
Provider (surrender value)	£	Provider	
Provider (surrender value)	£	Balance Outstanding	£
Provider (surrender value)	£	Monthly Payment	£
Provider (surrender value)	£	Term Remaining	years

Investments / Shares / PEPs / ISAs		Guarantee Obligations	
Provider	£		£
Provider	£		£
Provider	£		£
Provider	£		£
Pension Arrangements		Credit / Store Cards	
Provider	£	Provider	
Provider	£	Balance Outstanding	£
Provider	£	Monthly Payment	£
Provider	£	Term Remaining	years
Other Assets (i.e. cars, value of shareholding in company, etc.)		Other Liabilities (i.e. additional loans, store cards, etc.)	
	£		£
	£		£

Total Assets	£
Less	
Total Liabilities	£
Net Means	£

Please provide any additional information in the box below

Declaration and Signature:

I / We (insert name(s)).....confirm that:

1. I make this Statement on my own behalf and confirm that its contents are true to the best of my knowledge, information and belief.
2. This Statement is given in relation to my on-going indebtedness / liabilities and to my current financial circumstances.

Data Protection Consent

By submission of this Statement by you, you confirm that you have told the person(s) named on this form of all the purposes for which we will use the data that has been supplied to us.

Signed by the above named

Signature..... Printed Name.....

Signature..... Printed Name.....

Date.....