



SME Business Lending Application Form

How to complete the form

1 Please use a **BLACK** pen



2 Mark boxes **like this**
 If you make a mistake, **do this**
 and mark the correct box

3 Please use **BLOCK CAPITAL**
 LETTERS and leave **one**
 space between each word

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Three easy steps to applying for business lending with AIB

1. Arrange a meeting with your Relationship Manager at the branch
2. Complete the enclosed application form in full
3. Gather any additional supporting documentation or information that may be required by the Bank (Your Relationship Manager will inform you if the Bank has any additional requirements).

SME – Enterprises which employ fewer than 250 persons and which have an annual turnover not exceeding EUR 50 million, and/or annual balance sheet total not exceeding EUR 43 million.

SME Business Lending Application Form

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 AIB Relationship Manager and complete this Business Lending Application Form. You can complete this form with the assistance of your Relationship Manager during this meeting or with the help of a Business Professional.

Your Relationship Manager will inform you of any further documentation that may be required to support your application. Your request for credit will be progressed when your Relationship Manager has received these documents along with your signed Business Lending Application Form.

Part 1 Business Details

Please tell us about your business. This information will assist us in providing a professional timely response.

Business Name/ Trading Name	<input type="text"/>
Business Address	<input type="text"/>
Contact Person	<input type="text"/>
Telephone	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>
Fax	<input type="text"/>
Best Contact Time	<input type="text"/>

Main Bank Account Details

Sort Code	<input type="text"/>	Account Number	<input type="text"/>
Business Type	Sole Trader <input type="checkbox"/>	LTD co <input type="checkbox"/>	Other <input type="checkbox"/>
Company Registration Number	<input type="text"/>	If Other Specify (e.g. Partnership)	<input type="text"/>
Company Incorporated In (Country)	<input type="text"/>		
No. of Outlets	<input type="text"/>		
Primary Business Activity	<input type="text"/>		
In Business Since	Day <input type="text"/> / Month <input type="text"/> / Year <input type="text"/>	No. of Employees	<input type="text"/>
Customer Since	Day <input type="text"/> / Month <input type="text"/> / Year <input type="text"/>	As at	Day <input type="text"/> / Month <input type="text"/> / Year <input type="text"/>
Business Premises Status	Leased <input type="checkbox"/>	Rented	<input type="checkbox"/>

Business Ownership Details

List the names of all individuals who ultimately own or control 25% or more of the shares or voting rights in the company or otherwise exercise control over the management of the company.

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	Day <input type="text"/> / Month <input type="text"/> / Year <input type="text"/>	Percentage Shareholding	<input type="text"/>	% <input type="text"/>
Address	<input type="text"/>						
Occupation	<input type="text"/>						

Savings and Investments

Financial Institution

Amount Held (000's)

e.g. €25,000.00 enter 25

Savings

Deposits

Other

Investments

Investment Accounts

Shares

Property

Please also indicate current property value

Other

Business Financial Details

Period Ending Day / Month / Year Full Year Accounts? Yes No

Accounts Type Audited Auditor's Name
Certified Management Other

Value (000's)
e.g. €25,000.00 enter 25

Sales/Turnover
Gross Profit
Net Profit
Drawings
Interest
Depreciation
Tax

Current Values

Assets

Value (000's)
e.g. €25,000.00 enter 25

Liabilities

Amount

Land and Buildings
Machinery and Equipment
Furniture and Fittings
Stock
Debtors
Cash
Deposits
Other
Total Assets

Creditors
VAT/PAYE/PRSI
Other

Other

Tax Status (Tax up-to-date) Yes No Monthly Amount of Revenue Agreement
Is a revenue agreement in place? Yes No

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 Owner

Surname

First Name

Address

County Country

Account Number Sort Code

Contact Details

Email

Land Line No. of Dependants

Mobile Age Range from to

Best Contact Time Residential Status Owner Tenant

Date of Birth / / Living with Parents

Time with Bank Number of Years at Address

Annual Salary Estimated Value of Home

Salary Payment Frequency

Previous Address (if less than 3 years at current address)

Personal Financial Details - Principal Business Owner

Borrowings	Financial Institution	Amount Outstanding in (000's) <small>e.g. for €25,000.00 please enter 25</small>	Monthly Repayments
Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overdraft	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit & Other Cards	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Savings and Investments

Financial Institution

Amount Held (000's)

e.g. €25,000.00 enter 25

Savings

Deposits

Other

Investments

Investment Accounts

Life Assurance

Shares

Pension

Property

Value

Please also indicate current property value

Other

Personal Details - Second Business Owner

If applicable (if more than 2, please use separate form or photocopy this page).

Surname

First Name

Address

Account Number

Sort Code

Contact Details

Email

Land Line

No. of Dependants

Mobile

Age Range

from

to

Best Contact Time

Residential Status

Owner

Tenant

Date of Birth

Living with Parents

Time with Bank

Number of Years at Address

Estimated Value of Home

Annual Salary

Salary Payment Frequency

Previous Address

(if less than 3 years at current address)

Personal Financial Details - Second Business Owner

Borrowings	Financial Institution	Amount Outstanding in (000's) e.g. for €25,000.00 please enter 25	Monthly Repayments
Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overdraft	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit & Other Cards	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>

Savings and Investments	Financial Institution	Amount Held (000's) e.g. €25,000.00 enter 25
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"/>
Shares	<input type="text"/>	<input type="text"/>
Property Please also indicate current property value	Value <input type="text"/>	<input type="text"/>
Other	<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 <input type="checkbox"/>	Loan <input type="checkbox"/>	Other <input type="text"/> (e.g. Promptpay, Insurance Premium Finance etc.)
Amount Required	<input type="text"/>	Loan First Repayment Date	Day <input type="text"/> / Month <input type="text"/> / Year <input type="text"/>
Repayment Period	Years <input type="text"/> Months <input type="text"/>		
Purpose of Facility e.g. Working Capital	<input type="text"/>		
Loan Repayment Frequency e.g. Monthly	<input type="text"/>		
Do you foresee any additional requirement over the coming 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please comment	<input type="text"/>		
	<input type="text"/>		

Facility 2	Overdraft <input type="checkbox"/>	Loan <input type="checkbox"/>	Other <input type="text"/> (e.g. Promptpay, Insurance Premium Finance etc.)
Amount required	<input type="text"/>	Loan First Repayment Date	Day <input type="text"/> / Month <input type="text"/> / Year <input type="text"/>
Repayment Period	Years <input type="text"/> Months <input type="text"/>		
Purpose of Facility e.g. Working Capital	<input type="text"/>		
Loan Repayment Frequency e.g. Monthly	<input type="text"/>		

Part 4 Central Credit Register Notifications

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.

The Central Credit Register is maintained and operated by the Central Bank of Ireland. For information on your rights and duties under the Credit Reporting Act 2013 please refer to the factsheet prepared by the Central Bank of Ireland. This factsheet is available on www.centralcreditregister.ie. Copies can also be obtained at your local AIB branch and on www.aib.ie.

Part 5 (i) Data Protection Notice

For information about how we collect information about you, how we use it and how you can interact with us about it, see our data protection notice in branches and online. It may change from time to time.

Part 5 (ii) Declaration

To be completed by the individuals listed in part 2 – Personal Details.

I/We hereby confirm that the information which I/We have provided above is true and correct.

We will use the information you have given us to search and to share information with credit reference agencies, such as the Irish Credit Bureau, to help with applications for credit and for ongoing credit review. The credit reference agencies will hold this information on a database and it may be accessed by other financial institutions.

Signature of First Applicant*	Signature of Joint Applicant (if any)
<input type="text"/>	<input type="text"/>
*Authorised representative of the Business	
Date Day Month Year	Date Day Month Year
<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"/>

Lending criteria, terms and conditions apply. Allied Irish Banks, p.l.c. is regulated by the Central Bank of Ireland.