



Name of your business

Individuals Directors Name

DOB

Number of Dependants & Ages

Assets

Property 1

Address:

Post Code: Estimated Current Value: Date Last Valued: Joint Owner Yes No

Property 2

Address:

Post Code: Estimated Current Value: Date Last Valued: Joint Owner Yes No

Total Assets £

Liabilities

Name of Lender

Balance Outstanding

Mortgage1 (Property 1)	<input type="text"/>	<input type="text"/>
Mortgage 2 (Property 2)	<input type="text"/>	<input type="text"/>
Bank/Building Society Loans	<input type="text"/>	<input type="text"/>
Hire Purchase	<input type="text"/>	<input type="text"/>
Other Loans	<input type="text"/>	<input type="text"/>
Credit Card 1	<input type="text"/>	<input type="text"/>
Credit Card 2	<input type="text"/>	<input type="text"/>
Other Credit / Store Cards	<input type="text"/>	<input type="text"/>
Any Personal Guarantees to Other Lenders	<input type="text"/>	<input type="text"/>
Total Liabilities £		<input type="text"/>

I Certify that the information contained in the above personal asset and liabilities statement is true and correct and discloses my correct financial position as of the date stated below. I also provide Factoring & Finance Independent Review Services Limited authorisation to provide lenders permission to complete personal credit searches in order for them to approve my / our lending applications.

Signed Print Name Date

Please send completed forms to: admin@factoringfinancereview.co.uk