

BANK INFORMATION FORM

PLEASE SIGN THIS LETTER OF AUTHORITY AND SEND IT TO YOUR BANK

Bank: _____

Address: _____

For the attention of: _____

Account name (s): _____

I/We hereby authorise the Bank to complete this form giving details of our banking arrangements, facilities and balances and request that the completed form be forwarded to Alternative Insurance Brokers at the above address.

Signed by the Client: _____ for and on behalf of: _____

1 What is the present balance of the following accounts:

(a) Current Account(s) £ _____ (b) Deposit Account(s) £ _____

(c) Term Loan Account(s) £ _____ (d) Undischarged Bonds £ _____

(e) Other Account(s)/Contingencies (please specify)

2 What are the authorised limits in respect of:

(a) Overdraft £ _____ (b) Loan Account £ _____

(c) Bonds £ _____ (d) Other Accounts £ _____

When is the next review date: _____

Has the Bank granted all the facilities applied for in the last three years? Yes / No

3 Please detail security held by the Bank against the facilities listed in Section 2 above:

4 What was the turnover i.e. total Bank lodgements for:

(a) Last calendar year: £ _____ (b) Current year to date: £ _____

5 Total interest payable/receivable:

(a) Last calendar year: Debit £ _____ Credit £ _____

(b) Current year to date: Debit £ _____ Credit £ _____

6 What were the maximum and minimum monthly balances of the current account for the last twelve months? Please indicate clearly whether the balances are debit or credit. Where Client operates more than one account please append separate details on each account.

Period from _____

to _____

Month	Max	Min	Month	Max	Min
1			7		
2	_____	_____	8	_____	_____
3	_____	_____	9	_____	_____
4	_____	_____	10	_____	_____
5	_____	_____	11	_____	_____
6	_____	_____	12	_____	_____

(Note: Month 1 is the most recent month).

7 Please give your opinion regarding the suitability of your clients for a Bond to be issued for the sum of £ _____ for a period of _____

Signed: _____ Bank Stamp:
Authorised Bank Official

Date: _____
