

Loan Application form for the purpose of dental treatment

Loan Amount £	Term	6m	9m	24m	For Office Use Only
	(no. of months)	12m	36m		
					APR <input type="text"/>
					Monthly Payment £ <input type="text"/>

About You

Full Name	D.O.B	d	m	y
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Are You:

Single	Married	Living with partner	Divorced / Separated	How many dependent children do have?
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Address

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

Time at this address	
Y	M
Home Telephone No.	
Mobile No.	
Full Postcode	Full Postcode

Are You:	Home owner	Tenant	Living with parents	Monthly Rent / Mortgage	£
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Your Employment Details

Current Employer	Current Employers Address	
Job Title		
Work Telephone no.		
Time in your job	Years	Months
Household Income Per Annum		

About your Dentist

Name of Practice
Address
Cheque or Transfer Payable to

I declare that the above information is true to the best of my knowledge and accept you rely on the information provided for any subsequent loan you may grant. I agree that (I) you will search my record at Experian Limited and / or Equifax (UK) Limited (credit reference agencies). They will add to my record details of your search and my application and this will be seen by other organisations that make searches: (II) you may use a credit scoring system when assessing my application: (III) my record will be shared by other organisations and used by them to: a) help make decisions about credit for me and members of my household: b) trace debtors, recover debt, prevent fraud and money laundering, and c) carry out statistical analysis. You have the right to receive a copy of the information we hold about you if you apply to us in writing at the address posted on this application form. A fee will be payable.

COPLEYS LIMITED Swan Court, Mansel Road, London SW19 4AA

Once you have filled in your application please Print, Sign & Date, then post your application to:
Capital Dental
62 Tudor Road Hampton
Middlesex TW12 2NF

Signature: Date: