



Bridging Finance Loan Application Form

Please fill out this form and fax to: +44 (0)161 241 5351

Broker Name (if referred)
Broker Company
Broker Contact Telephone
Broker Network

Previous Address (if under 3 years at current address)
Address 1
Address 2
City / Town
Post Code

Applicant (1) Name
Date of Birth
Address 1
Address 2
City / Town
Post Code
Email Address
Home Telephone
Mobile Telephone

Loan Details:
Amount Required
Purpose of Loan

Term: Less Than 1 Month (or) 1 2 3 4 5 6 7 8 9 10 11 12 (Months)

Proposed Exit Route:

Applicant (2) Details (if applicable):

Applicant Name
Date of Birth
Address 1
Address 2
City / Town
Post Code
Email Address
Home Telephone
Mobile Telephone

Any Comments or Additional Information:

Large empty box for comments or additional information.

Property Provided as Security:

What Type of Property Are You Providing?
Commercial
Residential
Mixed or Other
Property Address 1
Property Address 2
City / Town
Post Code
Estimated Value of Property
Do you currently have a mortgage on this property?
Yes No
Amount Outstanding £
Current Lender

Lowry Capital's Privacy Guarantee:

Any information submitted here will be analysed without preconception and not distributed outside of Lowry Capital under any circumstances. This information will be held with the strictest of confidence.

