

Body Perfect Health & Cosmetic Clinic



Address
Suite 3,
103-105 Harley
London,
W1G 9QD

Head Office
19 Malvern Rd,
Mapperley, Nottingham,
NG3 5GZ

Telephone Number
0845 643 4465

Hospital / Clinic Name _____
Hospital / Clinic Location _____
Hospital / Clinic Phone Number _____
Advisor's Email Address _____
Amount Required £ _____ Term _____

APPLICATION FORM

YOUR DETAILS

Mr Mrs Ms Miss

First Name _____

Surname _____

Date of Birth _____ No of Dependants _____

Married Single Widow Divorced Partner

YOUR HOME

Private Address _____

Postcode _____ How long here Years Months

Owner Tenant With Parents

Mortgage / Rent Payments per month £ _____

Mortgage Lender / Landlord's Name _____

Home Telephone No. (inc STD code) _____

Mobile Telephone No. _____

Email Address _____

Best time to contact you _____

YOUR JOB

Occupation _____

Full Time Part Time

Employed Self Employed

Net Pay per month £ _____

Employers Name _____

Employers Address _____

Telephone No. (inc STD code) _____

How long here Years Months

Name & Address of Previous Employer (if less than 3 years or retired)

USE OF PERSONAL INFORMATION

Information about you relating to this application will be held, processed and used by us for the following purpose:

To assist us and/or other lenders to make credit decisions about you and/or other members of your household and for fraud prevention and/or customer tracing.

To assist us in carrying out the above purpose we give or share the said information with: other companies within our Group, other equipment suppliers or service providers, insurers, assignees, or other transferees, credit reference agencies, professional/non-professional bodies, clubs or entities of which you are a member of or associated to and any persons or entity on whose behalf we act or who acts on our behalf. By signing this application you consent to us holding, using and processing information about you in the manner and form described above. If you do not consent to this you should not sign this application.

CUSTOMER'S DECLARATION

- (a) The above particulars and any others given to you are true and correct.
- (b) I authorise you to apply for any necessary references regarding my application.
- (c) I hereby authorise and request you contact me by telephone at my place of employment on matters relating to this transaction and I have provided you with telephone number(s) for use in this connection. I understand that this authority and request can be withdrawn at any time in writing.

Signature of Borrower _____

Date of signature _____