

BAS PROPOSAL FORM

A New or an Existing Customer Proposal

Boxes in bold are mandatory and MUST be completed every time

Proposal Date _____ (dd/mm/yy)

RWH Fleet Solutions Limited

Tel No. 01706 523 757

Fax No. 0161 662 7312

Is this a Joint Application? **YES/NO** If YES, then each Applicant must complete one of these forms in full.

Is this form for the Main Applicant? **YES/NO** If NO, then please enter name of Main Applicant here: _____

Applicant Details

Title / 1st Name _____
Middle Initial / Name _____
Surname _____
Current Address _____
(If less than 60 months at current address, list previous address below)
Post Code _____
Time at Address _____ (months)
Main Phone No _____
Alt Phone No _____
Fax No _____
Email address _____
Contact Type _____

_____ / _____

_____ (months)

APPLICANT

Applicant Details (Continued)

Employers Name _____
Business Address _____
Post Code _____
Nature of Business _____
Applicant's Occupation _____
Employment Start Date _____ (dd/mm/yy)
Employers Monthly Contribution to Monthly Rental _____

Monthly Income & Expenditure Details

Monthly Income After Tax and Deductions _____
Total Current Monthly Expenditure _____

Bank Details

Bank Name _____
Branch _____
Account Name _____
Account No _____
Sort Code _____ - _____
Time with Bank _____ (months)

_____ - _____

Housing (Mortgage, rent etc) _____
Credit Cards _____
Utilities _____
Insurance _____
Transport / Travel / Fuel _____
Other Loans _____
Telephone / Television _____
Food / Drink / Clothing _____
* Car Loan _____
Other _____

* If applicable, how much of the above car loan will be replaced by this proposal? _____

Date of Birth _____ (dd/mm/yyyy)

Number of Dependents _____
Residential Status **Owner / Tenant / Living with Parents or Family / Other**

Marital Status **Married / Single / Living with Partner / Divorced / Widowed / Other**

Credit / Store Cards held _____
Fully Comp Insurance _____
Insurance Excess Value _____
Driving Licence Number _____
Employment Status (circle one only) **Administrator / Supervisor / Clerk / Health & Care Worker / Company Director / Emergency Services / Police Force / Military / Homemaker / Manager / Specialist / Manual - Skilled / Manual - Unskilled / Not in Employment / Qualified Professional / Retired /**

Previous Address Details

Previous Address _____
Post Code _____
Time at Previous Address _____ (months)

_____ (months)

Data Protection - how we'll use your information

This notice applies to all applicants and (if the application is made by a limited company or partnership / unincorporated association) directors and partners. We'll check your details with credit reference and fraud prevention agencies ("the agencies") and they'll record our check and provide us with information about you. We'll tell the agencies if we think you've given false information or suspect fraud. We'll also give credit reference agencies information about how you manage your account. We and other companies will use this information to assess you and your household for: credit and credit related services; motor, household, credit, life and other insurance proposals and claims; debt tracing and recovery; prevention of fraud and money laundering; statistical analysis about credit, insurance and fraud; and market research.

Applicant(s) Signature: _____

Date _____