

# LIMITED COMPANY PROPOSAL / NSS

**Boxes in bold are mandatory and MUST be completed every time**



Enter 'X'  A New or an Existing Customer Proposal  
 as appropriate  An Existing Customer whose Network vehicles are being replaced  
 A recently approved Network Customer whose F8 Quotation has changed

Proposal Date \_\_\_\_\_ (dd/mm/yy)

**\*IF LESS THAN 60 MONTHS AT ADDRESS, COMPLETE ADDENDUM WITH PREVIOUS ADDRESSES UP TO 60 MONTHS: USE SEPARATE SHEET IF NECESSARY**

**Franchisee Details**  
 Franchisee Name MW Vehicle Contracts  
 Sales Person \_\_\_\_\_  
 Tel No. 0116 259 9548  
 Fax No. 0116 259 9549

**Personal Guarantor Details**  
**First Director/Guarantor**  
 Title / 1st Name \_\_\_\_\_ / \_\_\_\_\_  
 Middle Initial / Name \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ (dd/mm/yyyy)  
 Current Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code \_\_\_\_\_  
 Time at this address \* \_\_\_\_\_ (months)

**Business Details**  
 Full Name \_\_\_\_\_  
 Co Registration No \_\_\_\_\_  
 Nature of Business \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code \_\_\_\_\_  
 Main Phone No \_\_\_\_\_  
 Alt Phone No \_\_\_\_\_  
 Fax No \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Website address \_\_\_\_\_  
 Property Status **FREEHOLD / LEASEHOLD / RENTED**  
 Contact Type **DIRECTOR / FLEET MANAGER / DRIVER / OTHER**  
 Title / 1st Name \_\_\_\_\_ / \_\_\_\_\_  
 Middle Initial / Name \_\_\_\_\_  
 Surname \_\_\_\_\_

**Second Director/Guarantor**  
 Title / 1st Name \_\_\_\_\_ / \_\_\_\_\_  
 Middle Initial / Name \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ (dd/mm/yyyy)  
 Current Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code \_\_\_\_\_  
 Time at this address \* \_\_\_\_\_ (months)

**Bank Details**  
 Bank Name \_\_\_\_\_  
 Branch \_\_\_\_\_  
 Account Name \_\_\_\_\_  
 Account No \_\_\_\_\_  
 Sort Code \_\_\_\_\_ - \_\_\_\_\_

**Third Director/Guarantor**  
 Title / 1st Name \_\_\_\_\_ / \_\_\_\_\_  
 Middle Initial / Name \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ (dd/mm/yyyy)  
 Current Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code \_\_\_\_\_  
 Time at this address \* \_\_\_\_\_ (months)

Do you wish to add any other Addresses? **YES / NO**  
**IF YES, COMPLETE ADDENDUM**

**Fourth Director/Guarantor**  
 Title / 1st Name \_\_\_\_\_ / \_\_\_\_\_  
 Middle Initial / Name \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ (dd/mm/yyyy)  
 Current Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code \_\_\_\_\_  
 Time at this address \* \_\_\_\_\_ (months)

**Guarantees Available?** **YES / NO**  
 No. of Personal Guarantors \_\_\_\_\_ (Max. 4)  
 No. of Corporate Guarantors \_\_\_\_\_

**Corporate Guarantor Details**  
 Company Name \_\_\_\_\_  
 Company Reg No \_\_\_\_\_

**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; a market research. We may also disclose your information to other subsidiaries or associates of Inula Holding UK Limited.

We use credit scoring techniques to help us assess your proposal.

Please write to us at 165, Bath Road, Slough, SL1 4AA if you want a copy of the information we hold about you, or phone us on **0800 0859829** for details of the agencies.

Name(s) Sign & Print \_\_\_\_\_ (On behalf of Applicant)  
 \_\_\_\_\_ (All Directors to consent - Enter full name(s) in BLOCK CAPITALS)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_