



DATA CAPTURE FORM – Personal Data

In relation to an application for _____

You have been asked to complete this form because we require your details in order so that we or our lender(s) can accurately perform checks with credit reference agencies (in order to assess your application, and to prevent fraud).

CONSENT

By completing and signing this form you consent to how we use your data as outlined in our Privacy Policy* and that we may share your personal data with the following organisations:

Lenders	Financial Institutions such as banks, peer-to-peer lenders, private investors, alternative finance providers to whom we may apply for finance on your or your business' behalf.
Credit Reference Agencies**	To assess you or your business is eligible for credit, to check you or your business is able to afford to make repayments, to make sure what you've told us is correct, to help detect and prevent financial crime, to trace and recover debts.
Fraud Prevention Agencies	To detect fraud and money-laundering risks.
Agents / Advisors	To assist in setting up and maintaining your account, and to assist our communication with you.

* Our Privacy Policy can be found here: www.hcfl.co.uk/privacy-policy

** When we ask CRAs about you or your business, they will note it on your credit file. This is called a credit search. Other lenders may see this, and we may see credit searches from other lenders. We will also search other partners or directors that you are in business with. You should tell them about this before you apply for a product or service. It is important that they know your records will be linked together, and that credit searches may be made on them.

You can find out more about the CRAs on their websites, in the 'Credit Reference Agency Information Notice'. Here are links to each of the three main Credit Reference Agencies (the contents are the same):

- Callcredit <http://www.callcredit.co.uk/crain>
- Equifax <http://www.equifax.co.uk/crain>
- Experian <http://www.experian.co.uk/crain>

TERMINATION

The authority to act on your behalf may be terminated at any time without penalty by either party giving seven days' notice in writing to that effect to the other, but without prejudice to the completion of transactions already initiated.

YOUR DETAILS

Please complete ALL sections below:

Your Name	
Your Home Address	Previous Address(es) (if less than 3 years)
Are you a Homeowner? <input type="checkbox"/> Yes- this address <input type="checkbox"/> Yes – another address / addresses <input type="checkbox"/> No, Tenant	Total Equity £
Your Date of Birth / /	Position: <input type="checkbox"/> Director/ Partner/ Proprietor <input type="checkbox"/> Shareholder <input type="checkbox"/> Third Party ⁱ
Your Personal Email Address	
Your Personal Landline Telephone Number	

PLEASE SIGN TO CONFIRM ALL DETAILS PROVIDED ARE FULL AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

* **SIGNATURE** _____

* **DATE** _____

ⁱ If you are a third party offering a guarantee on behalf of the named company above you should, and may be required to, seek independent legal advice before signing any guarantee form.



Marketing Preferences

Please tick one of the following boxes to confirm your preference:

- I would like to hear from you in relation to financial products that you offer
- I do not wish to hear from you, other than in relation to this application (or agreement if completed).

Please confirm the details of any other Individuals that own 25% or more of the company below:

Please tick here to confirm you are authorised to give consent on behalf of the following individuals and that they have consented to how we will process their data (in accordance with our [Privacy Policy](#)):

1	Name	
	Address	Previous Address(es) (if less than 3 years)
	Homeowner?	Total Equity £
	<input type="checkbox"/> Yes- this address <input type="checkbox"/> Yes – another address / addresses <input type="checkbox"/> No, Tenant	
	Date of Birth / /	Position: <input type="checkbox"/> Director/Partner / <input type="checkbox"/> Shareholder
Email Address		

2	Name	
	Address	Previous Address(es) (if less than 3 years)
	Homeowner?	Total Equity £
	<input type="checkbox"/> Yes- this address <input type="checkbox"/> Yes – another address / addresses <input type="checkbox"/> No, Tenant	
	Date of Birth / /	Position: <input type="checkbox"/> Director/Partner / <input type="checkbox"/> Shareholder
Email Address		

3	Name	
	Address	Previous Address(es) (if less than 3 years)
	Homeowner?	Total Equity £
	<input type="checkbox"/> Yes- this address <input type="checkbox"/> Yes – another address / addresses <input type="checkbox"/> No, Tenant	
	Date of Birth / /	Position: <input type="checkbox"/> Director/Partner / <input type="checkbox"/> Shareholder
Email Address		

Continue on additional paper as required.