

Finance

Proposal Form

4th Floor The Featherstone Building,
66 City Road, London, EC1Y 2AL
www.fundingoptions.com
support@fundingoptions.com

Please complete the form with as much information as requested.

Organisation (i)

Need help with your form? Contact us on **0333 344 1015**

Name of organisation

Beauty Essentials Limited

Registration Number (if applicable)

09906975

Limited Company



Partnership



Sole Trader



Charity/Nonprofit



Registered Address

5 Lostock Place, Didcot

Incorporated/Start Date

December 2015

E-mail

emma@beautyessentialsoxon.co.uk

Postcode

OX11 7XT

Contact Number

07961 071585 (Kathryn Pike)

Organisation (ii)

Please outline a summary of the business/organisation activity and its daily operations:

A very busy eauty salon offering a wide range of treatments

What are the main sources of revenue? Specify any major clients & contracts

Clients

Annual Turnover (£)

200000

Purpose of finance

Amount needed (£)

20000 - 30000

How soon do you need it?

ASAP

Please outline what you are looking to achieve:

How long do you want it for?

Repay cash advance loan & credit card

As long as possible

Personal Details

Please list details of all directors/owners/stakeholders involved

<p>Name (1) <input type="text" value="Emma Goodwin"/></p> <p>Date of Birth <input type="text" value="21/11/1985"/></p> <p>Home Number <input type="text"/></p> <p>Mobile Number <input type="text" value="07809 722010"/></p> <p>Home Address <input type="text" value="Cawdor, High Street, Harwell"/></p> <p>Postcode <input type="text" value="OX11 0EU"/></p> <p>Previous address (if changed in last 3 years) <input type="text" value="N/A"/></p>	<p>Name (2) <input type="text"/></p> <p>Date of Birth <input type="text"/></p> <p>Home Number <input type="text"/></p> <p>Mobile Number <input type="text"/></p> <p>Home Address <input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Previous address (if changed in last 3 years) <input type="text"/></p>
<p>Do you own this property?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If you ticked yes, what is the current value and the outstanding mortgage(s) on the property?</p> <p>Value <input type="text" value="N/A"/></p> <p>Mortgage <input type="text" value="N/A"/></p>	<p>Do you own this property?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If you ticked yes, what is the current value and the outstanding mortgage(s) on the property?</p> <p>Value <input type="text" value="N/A"/></p> <p>Mortgage <input type="text" value="N/A"/></p>
<p>Does the organisation/director(s) own other asset(s) or property? If so, please state them & the approximate value:</p> <p><input type="text" value="NO"/></p>	

Information about you, directors, partners and other members of your organisation: The information provided will be used in order to further your finance proposal. This personal information will also be used for the purpose of conducting credit reference checks by Funding Options Ltd and its lenders to further evaluate the principal(s), member(s), partner(s) and/or guarantor(s); in respect of those individuals whose details are included on the proposal form. Personal data is processed as per our Privacy Policy. Terms of Service apply. You can find these documents at www.fundingoptions.com/terms/

Declaration: YOU ARE RESPONSIBLE FOR COMPLETION OF THE INFORMATION ON THIS PROPOSAL FORM AND IN PARTICULAR FOR THE SUPPLY OF ALL PERSONAL DATA TO US WHICH IS INCLUDED ON THE FORM. PLEASE ENSURE THAT YOU BRING THIS NOTICE TO THE ATTENTION OF THOSE PERSONS ABOUT WHOM YOU SUPPLY PERSONAL DATA. BY SIGNING THIS FORM YOU CONFIRM THAT YOU HAVE OBTAINED THE AGREEMENT OF ALL PERSONS TO THE SUBMISSION OF THAT DATA OR THAT YOU ARE AUTHORISED TO PROVIDE IT TO US.

I/we attest that the information submitted in the proposal is correct to the best of my knowledge and has been submitted voluntarily. A photocopy, scanned copy, facsimile or electronic signature of this authorisation shall be deemed to be the equivalent of an original.

Principal(s) Signature: Emma Goodwin

Print Name(s) (block capitals): EMMA GOODWIN

Date completed: 26/06/2024 / /

SIGNATURE CERTIFICATE



REFERENCE NUMBER

8BDC637B-4A23-40DD-B6BF-F4543F7F4E30

TRANSACTION DETAILS

Reference Number

8BDC637B-4A23-40DD-B6BF-F4543F7F4E30

Transaction Type

Template Signer Link

Sent At

26/06/2024 11:39 +01

Executed At

26/06/2024 11:50 +01

Identity Method

email

Distribution Method

manual

Signed Checksum

4ac0e0dc1404e57c7bdc5fd6feb54857deda2ff088566d66fd6a90a20956045e

Signer Sequencing

Disabled

Document Passcode

Disabled

DOCUMENT DETAILS

Document Name

Proposal for Funding 2024

Filename

Page_1_1_.pdf

Pages

2 pages

Content Type

application/pdf

File Size

1.01 MB

Original Checksum

44f64e2dc8b9a9cee4fa2d13e68f7d870ed1d1e26efbc3fa4c8b7bedc92fc68b

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
<p>Name Emma Goodwin</p> <p>Email emma@beautyessentialsoxon.com</p> <p>Components 44</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum c4c87a89bffa5383e4eee061eceddea44d02d80e9acf7ea736238ab198fbbc19</p> <p>IP Address 2.223.93.158</p> <p>Device Firefox via Mac</p> <p>Typed Signature </p> <p>Signature Reference ID F0EDBB1D</p>	<p>Viewed At 26/06/2024 11:39 +01</p> <p>Identity Authenticated At 26/06/2024 11:50 +01</p> <p>Signed At 26/06/2024 11:50 +01</p>

AUDITS

TIMESTAMP	AUDIT
26/06/2024 11:39 +01	Signer viewed the document on Firefox via Mac from 2.223.93.158.
26/06/2024 11:48 +01	Emma Goodwin (emma@beautyessentialsoxon.com) signed the document on Firefox via Mac from 2.223.93.158.
26/06/2024 11:50 +01	Emma Goodwin (emma@beautyessentialsoxon.com) authenticated via email on Firefox via Mac from 2.223.93.158.