

SCHEDULE OF BANK FACILITIES

Please complete all questions – if any question is not applicable, please state “N/A” .

To: _____ Bank: _____

Please complete this form fully and send it directly to Advent Risk Management Limited at the email address at the end of this form.

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE BANK

(A) Date account opened

(B) What is the present balance on the account (s) ?

Current Account(s): _____ Deposit Account(s): _____

Term Loan Account(s): _____ Guarantees & Bonds (including undischarged bonds): _____

Other Accounts / Contingencies (please specify)

(C) In what name is the account (s)?

(D) What are the authorised limits in respect of:

Overdraft: _____

Term Loan: _____

Guarantees & Bonds: _____

When is next review date? _____

Has the Bank granted all facilities applied for in the last three years?

Yes/No

Please list all security held against these facilities.

Table inserted below

(E) What were the maximum and minimum monthly balances on the account in the last 12 months and the current year to date?

Where the customer operates more than one account (current, deposit, loan) please attach details separately for each. Please indicate clearly whether balances are DEBIT or CREDIT.

20__

20__

Max	Min	Max	Average
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(E) What was the turnover i.e. total of bank lodgements for:

(1) Last calendar year: _____
 (2) Current year to date: _____

Bank Name and Branch : _____

Signed and stamped for bank: _____

Date: _____

Please return the completed form under Private and Confidential cover to your account holder for onward transmission to Advent Risk Management Limited.