

## BFP DOCUMENT SERVICES

The Old Smithy  
Blacksmith's Yard  
Rolleston-on-Dove  
Burton-on-Trent  
Staffordshire  
DE13 9DG

T: 0845 602 7318  
E: [info@fundingportal.co.uk](mailto:info@fundingportal.co.uk)  
W: [www.fundingportal.co.uk](http://www.fundingportal.co.uk)

### **DOCUMENT INSTRUCTION**

(Please complete fully)

#### **INSTRUCTION FROM:**

Company:

Contact:

Tel:

Email:

#### **CUSTOMER CONTACT DETAILS:**

Name:

Number:

Business Name (if Relevant)

Address to visit:

Postcode:

Premises are: Residential / Commercial / CCL / Other (please state)

#### **RETURN ADDRESS FOR DOCUMENTS:**

FTAO:

Address:

Timescale:

Signed:

Date:

Position:

For and on behalf of:

**AMOUNT PAYABLE IMMEDIATELY:**

£

**EMAIL FOR INSTRUCTIONS [docs@fundingportal.co.uk](mailto:docs@fundingportal.co.uk)**

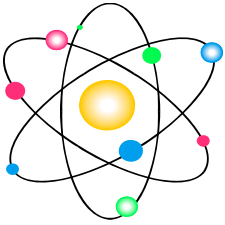
**Terms and Conditions apply as per contract.**

Our Agents are not empowered to discuss or negotiate deal terms. Please ensure that you customer is fully apprised of all requirements.

No refund can be made if relevant parties fail to attend agreed meetings, or if customer cannot or will not provide information requested.

**BUSINESS FUNDING PORTAL LTD**

Registered Office: as trading address  
Registered Number: 6471974 Z1337224



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### TEMPLATE REQUEST Know Your Customer

**Photo ID:** Passport / Driving Licence / Other (Please state)

*We will need to see original, and be provided by the customer with identical copy. Please advise client.*

Our verification wording is: 'Copy from original document as seen and inspected on (date)' (signed)

*Please advise if your requirements differ.*

**Utility bill:** Less than 3 months old addressed to visit location.

*Please state other specific requirements*

**Other:**

*Please state specific requirements.*

Signed

Date

Position:

Checked By Agent:

Name

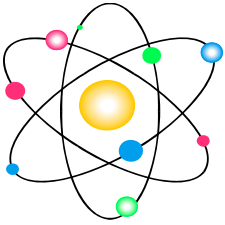
Signed

Date

Agent notes:

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### TEMPLATE REQUEST Document Signing / Collection

#### Signatures:

Highlight how many signatures required.  
Highlight signature locations (where relevant) identify signatory by initials.  
Number of signatories  
Identities of signatories.  
Highlight where witness signature required.

#### Cheques:

Exact cheque amount(s)  
Payee(s)

#### Supplementary requirements:

*Please specify exact requirement.*

**NOTE: Documents may be sent direct to client or to our Agent; but the introducer will take full responsibility for ensuring that signatories are present and fully apprised of requirements.**

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

#### Completed by Agent:

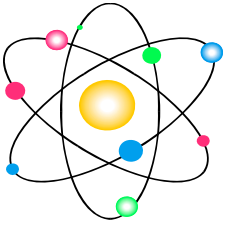
Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Agent notes: \_\_\_\_\_

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### TEMPLATE REQUEST Asset Inspection

#### Equipment Details:

Type of equipment:

Colour (vehicles only):

Make & Model:

Registration number:

Serial/chassis number:

*For Multi-site inspection, please identify assets by location*

#### Superficial condition report:

*Based on sight only, our agent will give a non-expert comment on whether goods look well treated, operational etc.*

Other:

*Please specify any other requirements.*

Signed:

Date:

Position:

#### Inspected by Agent:

Name:

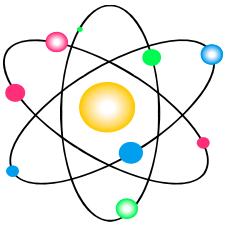
Signed:

Date:

Agent notes:

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### TEMPLATE REQUEST Drive-by viewing.

**Type of Business/premises:**

**Signage / Business Name:**

**Hours of business:**

*We will instruct agent to drive by during normal business hours*

**Does the Business look operational? Y/N**

**Digital Photo:**

*Where possible, or Agent will provide digital/phone photo of business in operation.*

**Other Requirements:**

*Please specify*

Signed:

Name

Date:

Position:

**Visited by Agent:**

Name:

Date:

Agent Notes:

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