

**SCHEDULE OF BANK FACILITIES**

**PRIVATE AND CONFIDENTIAL**

1. Client's Name & Address

Post Code

2. Date Account Opened

3. Have all facilities applied for been granted in the last three years No  Yes

4. What is the present balance of the following accounts (Dr/Cr)

Current Account(s) Next  Review Date

Deposit Account(s) Next  Review Date

Term Loan Account(s) Next  Review Date

Other Account(s) – please specify  Next Review Date

5. What is the current Overdraft Facility Limit

6. Has Security been taken on any Account No  Yes

If answered Yes please provide details

7. Has a copy of the latest Facility Letter been provided with this form  Yes  No

8. Over the last 12 months

Has the Facility been run to the complete satisfaction of the Bank No  Yes

Has the Bank requested an Independent Business Review No  Yes

Has any Special Supervision of the Facility been undertaken No  Yes

Have there been any items dishonoured No  Yes

If answered Yes please provide the following:

Number of items  Aggregate Amount

Reason(s) for dishonour

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9. What were the maximum, minimum and average monthly balances of the current account for the last 12 months. If more than one account please provide separate details.

Month	Year	Maximum (Dr/Cr)	Minimum (Dr/Cr)	Average (Dr/Cr)
January	201			
February	201			
March	201			
April	201			
May	201			
June	201			
July	201			
August	201			
September	201			
October	201			
November	201			
December	201			

Signed Bank

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Stamp

Authorised Bank

Official

Date

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