

**GP ASSET FINANCE LTD.**  
**AND GP ASSOCIATES**  
**PROPOSAL FORM**

Tel: 01257276710  
Mobile: 07767304161  
Fax: 01257262321

DATE:

**COMPANY NAME:**

Address:

Established:

Co Reg No:

Vat Number:

E-Mail:

Tele no:

Mobile:

Fax Number:

Bankers:

Manager's Name:

A/C No:

Sort code:

O/D Facility:

Factoring Co:

Current Book Debt:

Accountants:

Tele Number:

**1ST DIRECTOR**

**Current Address:**

**How Long resident:**

**Value:**

**Mortgage outstanding:**

**Previous Address:**

**Tenant/Owner:**

**Marital Status:**

**Date of Birth:**

**2ND DIRECTOR**

**Current Address:**

**How Long resident:**

**Value:**

**Mortgage outstanding:**

**Previous Address:**

**Tenant/Owner:**

**Marital Status:**

**Date of Birth:**

**GOODS:**

**PROPOSAL:**

**ADDITIONAL INFO:**