ORMOND FINANCE LTD.

36 Mc Curtain Street, Fermoy, Co. Cork Phone No: 025 32275 Fax No: 025 32232

LOAN APPLICATION FORM

Name:	
Address:	
Eircode:	
Phone No:	
Mobile No:	
Date of Birth:	
Marital Status	
P.P.S. No:	
Other Director	rships:
Registration N	0:
Acreage:	
Type of Farmi	ng:
Herd No:	
LAND:	OWNED LEASED
Bank Details:	DEASED
Name:	
Address:	
IBAN No:	
BIC Code:	
Amount of final	nce required: €
Please put in the	maximum amount you intend to bid
over the amount	
	Method of payment- DIRECT DEBIT through Bank.
7 11 5 6	
Credit Referenc	2 30 30 30 30 30 30 30 30 30 30 30 30 30
	Address
	Phone No:
	Contact Name:
	Name:
	Address:
	Phone No:
	Contact Name:

ALL APPLICANTS NEED TO SUPPLY 3 MONTHS BANK STATEMENT, A COPY OF LD., A COPY OF A UTILITY BILL AND A DOCUMENT WITH YOUR PPS NO. ON IT.