

Private & Confidential

Application Form

Case Information

Affiniti Finance

L I M I T E D



Application Form - Case Information

Your Personal Information

Name	<input type="text"/>
Address	<input type="text"/>
Date of Birth	<input type="text"/>
Telephone Number	<input type="text"/>
Email Address	<input type="text"/>

Solicitors Information

Name of Firm	<input type="text"/>
Address	<input type="text"/>
Name of Individual dealing with your case	<input type="text"/>
Telephone Number	<input type="text"/>
Email Address	<input type="text"/>

Affiniti Finance Limited is authorised and regulated by the Financial Conduct Authority under registration number 664254

About the Claim

Summary of your claim including the type of incident, it's date, time & location.

Name of Defendants. Please provide any letters / correspondence received from the Defendant / Insurer.
Loss and damaged sustained

Estimated claim for damages

£

Please attach any other relevant documents regarding your claim.

Funding To Date

How much have you spent on legal fees to date

£

Do you have a Conditional Fee Arrangement with your solicitor

Do you have a Conditional Fee Arrangement with your barrister

Loan Requested

Amount

£

Purpose

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Important Information

Proof of identify documents to be attached

Copy of Passport/ driving licence

Original Utility Bill

Recent Bank Statement

By submitting this form you are confirming that the information stated above is true and accurate to the best of your knowledge and belief. Any false information given will invalidate this application.

I hereby authorise my Solicitor to release my personal information pertaining to my claim to Affiniti Finance Limited.

Signed By

Dated

If you have not done so, please notify your solicitor that we will be contacting them

Additional Information. [If any]

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