

Registration Form

Please complete in full and scan via email to: assetfinance@tgigolf.com

■ **NOTE:** This greyed box symbol indicates a pre-filled answer

Golf Club Details

Name

Trading Name

Company Reg No.

Date Commenced Trading

Address

Post Code

Tel No.

Contact Details

Main Contact

Position

Tel No.

Email

Other Contact

Position

Tel No.

Email

Type of Golf Club & Number of Holes

Proprietary Private Members Other

Number of holes

Renewal Month

What month are Renewals normally sent out?

Golf Club Turnover

Total Turnover	£
Annual membership	%
Fees	%
Other	%

Membership Breakdown & Average Membership Fee

Total number of members	
Full Membership	%
5 Day & Flexible membership	%
Other	%
Please can you specify the average cost of membership?	£

Existing Instalment / Spread Payment Scheme

Do you already offer a spread payment option? Yes No

If so, is it an "in-house" direct debit facility or is it provided by another service provider? In house Other provider
Both

Total number of members paying by monthly instalments

Finance Training

Will finance training be provided to all relevant staff? Yes No

At what frequency will refresher training be provided?

Customer Complaints

Do you have a complaints handling procedure? Yes No

Who will be our main contact for complaints and escalation?

Name

Email

Sales and Marketing

What are the main marketing channels for the Club?

1
2
3
4

Business Overview/Background

Please provide some background to your club to aide us in assessing your application? Please also attach your latest accounts, detail any CCJ's and confirm whether you previously owned a business that went into administration?

What are your growth / turnover aspirations for the next 2 years?

Y1
Y2

FCA Permissions

Will you be offering credit under the instalment exemption? Yes No

Firm Reference Number (*if applicable*)

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Finance Products

Which finance products do you intend to offer to your customers?

- Interest Free Credit
- Interest Bearing Credit

What is the intended average deposit payment?

0%

Email Addresses

	General	MI	Remittance
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Owner / Key Persons* / Director / Shareholder Details**

Full Name	Title Within Company	Date of Birth	1st Line of Home Address	Home Postcode
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

*For Private Member Clubs we only require details of the Club Captain, Treasurer & General Manager
 **Shareholders details are required when a >25% share in the business is possessed

Bank Details

Bank Name

Bank Address

/ / Post Code

Sort Code Account No.

Account Name

By signing below you attest that the answers and information provided in this form are true and accurate as of the date below.

- Latest Financial Accounts**
- Blank Cheque/Paying in slip**
- Latest AGM Report *(if applicable)***
- Owner/Director/Shareholder Details**

Name

Date

THIS IS NOT A POSTAL ADDRESS

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