

Healthcare finance application form

Personal details:

Title:	First name:
Middle name(s):	Surname:

Marital status: Co-habiting Single Divorced Separated Married Widowed	Date of birth:
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Email address:	Contact phone number:
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Treatment details:

Approximate surgery date:	Consultant:
Treatment planned:	

Full treatment cost (£):
Deposit (optional) (£):
Amount of credit (Full treatment cost minus optional deposit) (£):

If you are <u>NOT</u> the patient receiving treatment, please tick here and provide the patient's details below:	
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Patient's full name:

Patient's date of birth:

I authorise Horder Healthcare to submit the data provided above into the Chrysalis Finance online portal. I understand that Chrysalis Finance will then send an email to me, using the email address supplied above, with details of how to proceed with the loan application process.

By completing this form I am also confirming that the following statements are correct:

- I am aged 18 years or older;
- I am in full time employment (i.e. 16 hours, or more, per week), or my partner is, or I am self-employed, or retired and over 50 years of age, or I am in receipt of regular and consistent income;
- I have been a UK resident for at least the last 3 years.

Print Full Name _____

Signature _____

Date _____

Next steps:

You can send the form by post to the following address:

The McIndoe centre, Holtye Road, East Grinstead RH19 3EB, Attn. Finance department

Alternatively, if you would prefer to email a copy of this form to us, please forward to:

The McIndoe Centre: accounts.mcindoe@horder.co.uk

For further information, please see our website: www.themcindoecentre.co.uk

Horder Healthcare trading as The McIndoe Centre, is an Appointed Representative of Chrysalis Finance Limited, which is authorised and regulated by the Financial Conduct Authority to carry out the regulated activity of credit broking.