



Electronic Phased Payment Application

1. BUSINESS AND TAX DETAILS

A – BUSINESS DETAILS

Taxpayer / Business Name							
Tax Ref. No.							
Business Address (Include eircode)							
Home / Official Address (Include eircode)							
Contact Details:	Tel: Email:						

2. REPAYMENT CAPACITY

A - BANK AND OTHER FINANCIAL INSTITUTION DETAILS (INCLUDE ALL ACCOUNTS OTHER THAN LOANS)

Name of Financial Institution	Location	Account Information			
		Current Balance	€		Joint Account
		Account Type			Yes <input type="checkbox"/> No <input type="checkbox"/>
BIC	IBAN				
		Current Balance	€		Joint Account
		Account Type			Yes <input type="checkbox"/> No <input type="checkbox"/>
BIC	IBAN				
		Current Balance	€		Joint Account
		Account Type			Yes <input type="checkbox"/> No <input type="checkbox"/>
BIC	IBAN				

A - CURRENT LENDING COMMITMENTS OF THE BUSINESS (INCLUDE INTER COMPANY LOANS):

	No. 1 Loan	No. 2 Loan	No. 3 Loan
Lending Institution			
Loan Type			
Monthly Repayments	€	€	€
Start Date			
End Date			
Security held by the institution? If so, specify nature of security			
All repayments up to date? If not, state arrears currently due	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have the terms changed at any time? If yes, state nature of change	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

B - DETAILS OF DEBTS OWED TO THE BUSINESS (FOR ADDITIONAL DEBTORS, PLEASE INCLUDE AS A SCHEDULE TO THIS APPLICATION)

Debtor Name & Address (Include eircode)			
Overall Debt	€	€	€
Age of Debt			
Please indicate by (✓) if debt in dispute and amount of debt involved	€ <input type="checkbox"/>	€ <input type="checkbox"/>	€ <input type="checkbox"/>
Indicate whether an agreed payment plan is in place and nature of any such agreement including monthly payment schedule and duration			
Bad debt provision (if applicable)	€	€	€

C - PLEASE SPECIFY HOW THE PROPOSED REPAYMENT SCHEDULE WILL BE SERVICED HAVING REGARD TO THE REQUIREMENT THAT FUTURE TAXES ARE PAID AS THEY FALL DUE AND ANY OTHER DEBTS OWED BY THE BUSINESS

D - OTHER INFORMATION

Have you an invoice discounting/factoring arrangement? (If yes, please provide precise details)	Yes <input type="checkbox"/> No <input type="checkbox"/>
When was your last bank review? Outcome?	
When is your next bank review?	
Have you had discussions with the Credit Review Office? If yes, please provide details on a separate sheet	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. DEMONSTRATION OF BUSINESS VIABILITY

A - PLEASE SET OUT CLEARLY THE BASIS ON WHICH YOU BELIEVE THIS IS A VIABLE BUSINESS HAVING REGARD TO THE OVERALL LEVEL OF DEBT OF THE BUSINESS AND THE CAPACITY TO REPAY THOSE DEBTS AND ENSURE TIMELY PAYMENT OF DEBTS AS THEY ARISE INTO THE FUTURE

B - BRIEF STATEMENT OF UNDERLYING SPECIFIC REASON(S) WHY TAX DEBTS HAVE NOT BEEN MET AS THEY FALL DUE AND WHY THAT DEBT CANNOT NOW BE PAID IN A SINGLE SUM (FINANCED BY BORROWING, IF NECESSARY)

DECLARATION

I declare that all of the information provided by me is true and accurate and that I am committed to fully meeting the terms of the phased payment plan proposed, if it is agreed by Revenue

Signed: _____ **Director/Owner of Business**

BLOCK CAPITALS: _____

Date: _____