

FUNDING APPLICATION

Please fill out the form as completely as possible. The more information you provide, the quicker we can process your application. All information submitted will be kept strictly confidential.

For Assistance with this application during business hours (8:00 am - 5:00 pm):

CALL (416) 548-7874
EMAIL info@financebound.ca

APPLICANT DETAILS

Application Completed by:

☐ Applicant ☐ Representative of Applicant

Amount of Funding Required:

\$ _____

Lawyer / Representative Acknowledgement:

Sign

Print Name

PERSONAL INFORMATION	
FIRST NAME	
LAST NAME	
ADDRESS	
CITY	
PROVINCE	ON
POSTAL CODE	
PHONE	
CELL	
EMAIL	
DATE OF BIRTH	MM/DD/YYYY

LAW FIRM INFORMATION	
We will contact your lawyer to briefly discuss your claim in order to evaluate your application.	
LAW FIRM	
LAWYER	
ADDRESS	
PHONE	
FAX	
EMAIL	
ADDITIONAL CONTACT AND/OR DETAILS?	(if applicable)

Are you currently bankrupt?

☐ YES ☐ NO

If you answered NO above, are you currently undergoing bankruptcy proceedings or a consumer proposal?

☐ YES ☐ NO

PERSONAL INJURY DETAILS

DATE OF LOSS		Provide us with a brief description of what happened during your accident:
TYPE OF ACCIDENT	<input type="checkbox"/> CAR ACCIDENT <input type="checkbox"/> STRUCK PEDESTRIAN <input type="checkbox"/> STRUCK BIKER <input type="checkbox"/> OTHER ACCIDENT	
Where you employed at the time you experienced your accident? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Did the accident occur while you were at work and in the course of your employment? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, where are you employed?		Describe your injuries:

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By submitting this application you agree to the following:

I certify and declare that the information set out in this Application Form is true, accurate, and complete. I warrant and acknowledge that the contents of the Application will be utilized by Finance Bound in assessing risk, determining terms, and providing any loans. The data submitted will be the basis of and form part of any resulting loan offered by Finance Bound to me. I authorize and provide Finance Bound with the necessary consent to independently verify the accuracy of this information for the purpose of evaluating my application, including speaking with, and receiving documentation on my file from my lawyer. I consent to the collection, use and disclosure of my personal information by Finance Bound for the purposes of evaluating and considering my application for lending services.

DATED AT	CITY, PROVINCE	DATE	(MM/DD/YYYY)
APPLICANT SIGNATURE		PRINT NAME	