

APPLICATION DETAILS <i>(To be completed by Finance One)</i>			
Broker		Referrer	
Date & Time Submitted		Application Number	

LOAN PURPOSE & REQUIREMENTS			
Reason for Loan			Amount Required \$
Loan Type	<input type="checkbox"/> Consumer <input type="checkbox"/> Commercial		Preferred Loan Term years
Amount applicant(s) estimate they are capable of repaying, and at which frequency?	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
How would applicant(s) prefer to pay for any insurances or fees which may be associated with the loan?	<input type="checkbox"/> Financed Under Contract <input type="checkbox"/> Paid Upfront		
Are there any other features or requirements the Applicant needs?			

SECURITY DETAILS <i>(If Applicable)</i>					
Type	<input type="checkbox"/> Car <input type="checkbox"/> Motorbike <input type="checkbox"/> Caravan <input type="checkbox"/> Commercial Vehicle / Equipment				
Make		Model			
Year		NVIC		KMs	
Security currently under finance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PERSONAL DETAILS <i>(Applicant 1)</i>	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Surname	
Given Names	
Date of Birth	
Residency Status	<input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Working Visa <input type="checkbox"/> Other: <input type="text"/>
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Defacto <input type="checkbox"/> Married <input type="checkbox"/> Other
Number of Dependants	
Age of Dependants	
Home Phone	
Work Phone	
Mobile Phone	
Email Address	

PERSONAL DETAILS <i>(Applicant 2)</i>	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Surname	
Given Names	
Date of Birth	
Residency Status	<input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Working Visa <input type="checkbox"/> Other: <input type="text"/>
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Defacto <input type="checkbox"/> Married <input type="checkbox"/> Other
Number of Dependants	
Age of Dependants	
Home Phone	
Work Phone	
Mobile Phone	
Email Address	

Drivers Licence:			
State / Territory:	<input type="text"/>	Expiry Date:	<input type="text"/>
Licence Number:	<input type="text"/>	Licence Type:	<input type="text"/>

Drivers Licence:			
State / Territory:	<input type="text"/>	Expiry Date:	<input type="text"/>
Licence Number:	<input type="text"/>	Licence Type:	<input type="text"/>

RESIDENTIAL DETAILS <i>(Applicant 1)</i>	
Residential Address:	
Street Address:	<input type="text"/>
State / Territory:	<input type="text"/>
Postcode:	<input type="text"/>
Time at Address:	<input type="text"/>
Residential Status:	
<input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Living with relatives <input type="checkbox"/> Employer provided	
Landlord Details	
Name	<input type="text"/>
Phone	<input type="text"/>
Address	<input type="text"/>
# on Lease	<input type="text"/>
Previous Residential Address: <i>If current address has been your residence for less than 3 years.</i>	
Street Address:	<input type="text"/>
State / Territory:	<input type="text"/>
Postcode:	<input type="text"/>
Time at Address:	<input type="text"/>
Second Previous Residential Address: <i>If previous address was a residence for less than 3 years.</i>	
Street Address:	<input type="text"/>
State / Territory:	<input type="text"/>
Postcode:	<input type="text"/>
Time at Address:	<input type="text"/>

RESIDENTIAL DETAILS <i>(Applicant 2)</i>	
Residential Address:	
Street Address:	<input type="text"/>
State / Territory:	<input type="text"/>
Postcode:	<input type="text"/>
Time at Address:	<input type="text"/>
Residential Status:	
<input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Living with relatives <input type="checkbox"/> Employer provided	
Landlord Details	
Name	<input type="text"/>
Phone	<input type="text"/>
Address	<input type="text"/>
# on Lease	<input type="text"/>
Previous Residential Address: <i>If current address has been your residence for less than 3 years.</i>	
Street Address:	<input type="text"/>
State / Territory:	<input type="text"/>
Postcode:	<input type="text"/>
Time at Address:	<input type="text"/>
Second Previous Residential Address: <i>If previous address was a residence for less than 3 years.</i>	
Street Address:	<input type="text"/>
State / Territory:	<input type="text"/>
Postcode:	<input type="text"/>
Time at Address:	<input type="text"/>

Please attach additional information in a separate document if there is insufficient space above.

EMPLOYMENT DETAILS (<i>Applicant 1</i>)	
Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self Employed <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: <input type="text"/>	
Occupation	<input type="text"/>
Employers Name	<input type="text"/>
Contact Number	<input type="text"/>
Contact Person	<input type="text"/>
Worked There: Years: <input type="text"/> Months: <input type="text"/>	
Employment Address: Street Address: <input type="text"/> State / Territory: <input type="text"/> Postcode: <input type="text"/>	

EMPLOYMENT DETAILS (<i>Applicant 2</i>)	
Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self Employed <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: <input type="text"/>	
Occupation	<input type="text"/>
Employers Name	<input type="text"/>
Contact Number	<input type="text"/>
Contact Person	<input type="text"/>
Worked There: Years: <input type="text"/> Months: <input type="text"/>	
Employment Address: Street Address: <input type="text"/> State / Territory: <input type="text"/> Postcode: <input type="text"/>	

PREVIOUS EMPLOYMENT DETAILS (<i>Applicant 1</i>) <i>Please complete if less than 3 years in current employment</i>	
Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self Employed <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: <input type="text"/>	
Occupation	<input type="text"/>
Employers Name	<input type="text"/>
Contact Number	<input type="text"/>
Contact Person	<input type="text"/>
Worked There: Years: <input type="text"/> Months: <input type="text"/>	
Employment Address: Street Address: <input type="text"/> State / Territory: <input type="text"/> Postcode: <input type="text"/>	

PREVIOUS EMPLOYMENT DETAILS (<i>Applicant 2</i>) <i>Please complete if less than 3 years in current employment</i>	
Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self Employed <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: <input type="text"/>	
Occupation	<input type="text"/>
Employers Name	<input type="text"/>
Contact Number	<input type="text"/>
Contact Person	<input type="text"/>
Worked There: Years: <input type="text"/> Months: <input type="text"/>	
Employment Address: Street Address: <input type="text"/> State / Territory: <input type="text"/> Postcode: <input type="text"/>	

Please attach additional information in a separate document if there is insufficient space above.

SELF EMPLOYED DETAILS (Applicant 1)	
<i>Please complete only if applicant is currently self employed</i>	
Trading Name	
Company Name	
ABN	
ACN	
Trust	
Additional Information: <div></div>	
Accountant Details: Name: <div></div> Phone: <div></div>	

SELF EMPLOYED DETAILS (Applicant 2)	
<i>Please complete only if applicant is currently self employed</i>	
Trading Name	
Company Name	
ABN	
ACN	
Trust	
Additional Information: <div></div>	
Accountant Details: Name: <div></div> Phone: <div></div>	

BANKING DETAILS (Applicant 1)	
Bank:	
Branch:	
Account Type:	
BSB:	
Account Number:	

BANKING DETAILS (Applicant 2)	
Bank:	
Branch:	
Account Type:	
BSB:	
Account Number:	

ASSETS (Both Applicants)		
Assets	Details	Value
Home		\$
Investments		\$
Other		\$
Total Assets		\$

Please note: Rent is not considered a liability, it is an expenditure.

LIABILITIES & COMMITMENTS (Both Applicants)				
Liabilities	Balance	Owed to	Monthly Payments	Credit Limit
Mortgage 1	\$		\$	\$
Mortgage 2	\$		\$	\$
Loan 1	\$		\$	\$
Loan 2	\$		\$	\$
Personal Loan	\$		\$	\$
Credit Card 1	\$		\$	\$
Credit Card 2	\$		\$	\$
Overdraft	\$		\$	\$
Other	\$		\$	\$

Total Liabilities	\$	Total Monthly Payments	\$
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INCOME		
Applicant 1	Gross Income	\$
	Net Income	\$
	Centrelink	\$
Applicant 2	Gross Income	\$
	Net Income	\$
	Centrelink	\$
Second Job		\$
Third Job		\$
Child Support Allowance		\$
Family Allowance		\$
Interest or Dividends		\$
Other Income		\$

Total Monthly Income	\$
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EXPENDITURE	
Do you share living expenses? If YES , what percentage are you responsible for?	
Total Monthly Payments: (Total Payments from above less any finance payment that will be paid out as a part of trade in / refinance)	\$
Living Expenses	\$
Rent or Equivalent	\$
Child Support	\$
Other Expenditure	\$
Proposed New Commitment	\$

Total Monthly Expenses	\$
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Surplus / Deficiency	\$
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REFERENCES			
Personal Reference		Nearest Relative (Not living with the applicant)	
Name		Name	
Address		Address	
Suburb		Suburb	
Phone		Phone	

EXPLANATORY NOTES / ADDITIONAL INFORMATION

FINANCIAL/PERSONAL SITUATION – Mandatory Field to be completed	
Do you expect any changes to your personal or financial circumstances in the foreseeable future? (eg. Change of job, marital status, residential circumstances, pregnancy or maternity leave, etc). If YES , then provide further details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATIONS & CONSENT			
I/we declare that I am 18 years of age or over . I/we further declare that the information given in this application by me/us is true and correct and not misleading in anyway. I/we declare that I have not been known by any other name/s other than that shown on this application.			
Applicant 1 Signature		Dated	
Applicant 2 Signature		Dated	