

CUSTOMER REQUIREMENTS

Privacy Consent Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	Purpose of Loan: <input type="checkbox"/> Business <input type="checkbox"/> Personal
<i>If you select Purpose of Loan as Business, you must proceed with a manual business loan application.</i>	
Maximum Loan Amount: <small>Please ensure that the proposed loan amount is in line with consumer needs.</small>	Maximum Monthly Payment: <small>Please ensure that the proposed repayment amount is in line with consumer needs.</small>
Maximum Term of Loan: <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 6 Years <input type="checkbox"/> 7 Years <small>If the maximum term selected is shorter than the proposed loan term, early termination fees will apply.</small>	
Proof of Identity: <input type="checkbox"/> License <input type="checkbox"/> Other	

CUSTOMER INFORMATION

Title:	First Name:	Middle Name:
Last Name:	Date of Birth:	
Email:		
Mobile Phone:	Other Phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single		
Residency Status: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Other	Marketing Opt Out <input type="checkbox"/>	
Driver's Licence #:	Driver's Licence State:	Expiration Date:

CUSTOMER ADDRESS (If time at address is less than 2 years, please provide previous address)

Primary Address:	Suburb:
State:	Postcode:
Residential Status: <input type="checkbox"/> Boards <input type="checkbox"/> Freehold-Owner <input type="checkbox"/> Living with Parent <input type="checkbox"/> Mortgage Owner <input type="checkbox"/> Rents <input type="checkbox"/> Other	Time In Primary Address:
Previous Address:	Suburb:
State:	Postcode:
Residential Status: <input type="checkbox"/> Boards <input type="checkbox"/> Freehold-Owner <input type="checkbox"/> Living with Parent <input type="checkbox"/> Mortgage Owner <input type="checkbox"/> Rents <input type="checkbox"/> Other	Previous Address Start Date:

EMPLOYMENT DETAILS (If time at employment is less than 2 years, please provide previous employment)

Employer Name:		
Address:	Suburb:	
State:	Postcode:	Industry:
Occupation Type: <input type="checkbox"/> Benefit <input type="checkbox"/> Office Staff <input type="checkbox"/> Professional <input type="checkbox"/> Trade <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other		
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> Student <input type="checkbox"/> Self Employed <input type="checkbox"/> Other		
Time Employed:	Yearly Gross Income:	Employer Phone:
Previous Employer Name:		Time Employed:
Occupation Type: <input type="checkbox"/> Benefit <input type="checkbox"/> Office Staff <input type="checkbox"/> Professional <input type="checkbox"/> Trade <input type="checkbox"/> Retired <input type="checkbox"/> Services <input type="checkbox"/> Other		
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> Student <input type="checkbox"/> Self Employed <input type="checkbox"/> Other		

NEXT OF KIN (can not be living at your address)

Name:	Relation:	Phone Number:
Address:		
Suburb:	State:	Postcode:

QUOTE INFORMATION

Contract Term: <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months <input type="checkbox"/> 72 Months <input type="checkbox"/> 84 Months						
New Only: <input type="checkbox"/> New						

If there is a co-borrower please complete the section below.

Co-Borrower

CO-BORROWER INFORMATION

Title:	First Name:	Middle Name:
Last Name:	Date of Birth:	
Email:		
Mobile Phone:	Other Phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single		
Residency Status: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Other	Marketing Opt Out <input type="checkbox"/>	
Driver's License #:	Driver's License State:	Expiration Date:

CO-BORROWER ADDRESS

(If time at address is less than 2 years, please provide previous address)

Primary Address:	Suburb:
State:	Postcode:
Time In Primary Address:	
Residential Status: <input type="checkbox"/> Boards <input type="checkbox"/> Freehold-Owner <input type="checkbox"/> Living with Parent <input type="checkbox"/> Mortgage Owner <input type="checkbox"/> Rents <input type="checkbox"/> Other	
Previous Address:	Suburb:
State:	Postcode:
Previous Address Start Date:	
Residential Status: <input type="checkbox"/> Boards <input type="checkbox"/> Freehold-Owner <input type="checkbox"/> Living with Parent <input type="checkbox"/> Mortgage Owner <input type="checkbox"/> Rents <input type="checkbox"/> Other	

CO-BORROWER EMPLOYMENT DETAILS

(If time at employment is less than 2 years, please provide previous employment)

Employer Name:		
Address:	Suburb:	
State:	Postcode:	Industry:
Occupation Type: <input type="checkbox"/> Benefit <input type="checkbox"/> Office Staff <input type="checkbox"/> Professional <input type="checkbox"/> Trade <input type="checkbox"/> Retired <input type="checkbox"/> Services <input type="checkbox"/> Other		
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> Student <input type="checkbox"/> Self Employed <input type="checkbox"/> Other		
Time Employed:	Yearly Gross Income:	Employer Phone:
Previous Employer Name:	Time Employed):	
Occupation Type: <input type="checkbox"/> Benefit <input type="checkbox"/> Office Staff <input type="checkbox"/> Professional <input type="checkbox"/> Trade <input type="checkbox"/> Retired <input type="checkbox"/> Services <input type="checkbox"/> Other		
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> Student <input type="checkbox"/> Self Employed <input type="checkbox"/> Other		

CO-BORROWER NEXT OF KIN (Must not be living at the same address)

Name:	Relation:	Phone Number:
Address:		
Suburb:	State:	Postcode:

FINANCIALS – PRIMARY APPLICANT (The Household expenses relate to the full expenses of the household.)

INCOME	HOUSEHOLD EXPENSES	OTHER COMMITMENTS	
Yearly Annual Income:	Food and Drink:	Household Monthly Mortgage/Rent:	Monthly Payments for Other Loans:
Annual Investment Property Income:	Transportation, Fuel and Utilities:	Total Credit Card Limit:	Other Loan Provider:
Annual Other Taxable Income:	Clothing/Footwear, Medical, Phone/Internet:	Credit Card Provider:	Monthly Payments for Investment Property Loans:
Annual Family Tax Benefit (FTB):	Discretionary – Recreation/Alcohol:	Monthly Car Payments:	Investment Property Provider Details:
Annual Other Non Taxable Income:		Car Loan Provider:	
<input type="checkbox"/> Single	<input type="checkbox"/> Couple	Number of dependants:	Postcode:
Do you foresee any changes to your personal or financial situation during the loan term that would impact on your ability to make repayments? For example, are you about to reduce your work hours to embark on some further study? If so, please provide details:			<input type="checkbox"/> Check box if customer foresees change

FINANCIALS – CO-BORROWER – IF APPLICABLE

(Fill these out for any expenses NOT already noted in the Primary Applicant e.g. personal loan.)

<input type="checkbox"/> Co-Borrower	Does the Co-Borrower live at a different address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
INCOME	HOUSEHOLD EXPENSES	OTHER COMMITMENTS	
Yearly Annual Income:	Food and Drink:	Household Monthly Mortgage/Rent:	Monthly Payments for Other Loans:
Annual Investment Property Income:	Transportation, Fuel and Utilities:	Total Credit Card Limit:	Other Loan Providers:
Annual Other Taxable Income:	Clothing/Footwear, Medical, Phone/Internet:	Credit Card Provider:	Monthly Payments for Investment Property Loans:
Annual Family Tax Benefit (FTB):	Discretionary – Recreation/Alcohol:	Monthly Car Payments:	Investment Property Provider Details:
Annual Other Non Taxable Income:		Car Payment Provider:	
Residential Status: <input type="checkbox"/> Boards <input type="checkbox"/> Freehold-Owner <input type="checkbox"/> Living with Parent <input type="checkbox"/> Mortgage Owner <input type="checkbox"/> Rents <input type="checkbox"/> Other			
Number of Dependants:			

BANK DETAILS – PRIMARY APPLICANT

Name of Financial Institution:	
BSB Number:	Account Number:
Account Name:	

DECLARATION

By signing the declaration below, you declare that everything you have disclosed in this Consumer Loan Application Form is true, up-to-date and not misleading.

Primary Customer's Signature:	Co Borrowers Signature:
Date:	Date: