

Date ____ / ____ / ____ Time _____ Source / Dealer _____

Personal Details - Applicant 1

Name

Previously known by another name? Yes No

If yes, provide details

Date of Birth

 / /

Gender

M F

Marital Status

No. Dependants

Date of Birth of all Dependants

License No.

Expiry

 / /

If Motorcycle, 250+? Yes No

Mobile No.

Work No.

Email address

Current residential address

Time there *years* *months*

Current residential situation

Buying Renting Boarding

Previous residential address

Time there *years* *months*

Personal Details - Applicant 2

Name

Previously known by another name? Yes No

If yes, provide details

Date of Birth

 / /

Gender

M F

Marital Status

No. Dependants

Date of Birth of all Dependants

License No.

Expiry

 / /

If Motorcycle, 250+? Yes No

Mobile No.

Work No.

Email address

Current residential address

Time there *years* *months*

Current residential situation

Buying Renting Boarding

Previous residential address

Time there *years* *months*

Employment Details - Applicant 1

Occupation

Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Casual <input type="checkbox"/>
Student <input type="checkbox"/>	Self employed <input type="checkbox"/>	
Time there	years	months

Employer name

Address

Contact name

Position

Phone No.

Previous occupation (if less than 3 yrs with current employer)

Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Casual <input type="checkbox"/>
Student <input type="checkbox"/>	Self employed <input type="checkbox"/>	
Time there	years	months

Employer name

Address

Contact name

Position

Phone No.

Any prior financial problems

Employment Details - Applicant 2

Occupation

Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Casual <input type="checkbox"/>
Student <input type="checkbox"/>	Self employed <input type="checkbox"/>	
Time there	years	months

Employer name

Address

Contact name

Position

Phone No.

Previous occupation (if less than 3 yrs with current employer)

Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Casual <input type="checkbox"/>
Student <input type="checkbox"/>	Self employed <input type="checkbox"/>	
Time there	years	months

Employer name

Address

Contact name

Position

Phone No.

Any prior financial problems

Vehicle Details

Make

Model

Body type

Engine type / size

Year

Odometer reading

Condition

New Used

Transmission

Auto Manual

Vehicle Details - continued

Accessories

Purchase price

AUD \$

Less deposit

\$

Trade in price

\$

Trade in year / model

\$

Financial payout

\$

Insurance

MB \$ GC \$ CI \$ CCI \$

TOTAL

\$

Banking Details

Repayment

Monthly Fortnightly

Bank

Branch

Account type

Accountant name

Accountant phone No.

References

NB: Only one nearest relative required for P&N, but must have full address

Business reference

Name

Address

Phone No.

Personal reference

Name

Address

Phone No.

Nearest relative

Name

Address

Phone No.

Mortgage / landlord

Name

Address

Phone No.

Summary of Financial Position

Prior financial problems

Yes No

With whom?

Monthly Income (after tax)

Applicant 1 Income

\$

Applicant 2 Income

\$

Regular Overtime

\$

Part time employment

\$

Rental Income

\$

Interest

\$

Dividends

\$

Family allowance

\$

Other

\$

Please detail

Asset	Description	Value
Savings	<input type="text" value="bank"/>	\$ <input type="text"/>
House	<input type="text" value="address"/>	\$ <input type="text"/>
Other property	<input type="text" value="address"/>	\$ <input type="text"/>
Motor Vehicle	<input type="text" value="make, model, year, description"/>	\$ <input type="text"/>
Motor Vehicle	<input type="text" value="make, model, year, description"/>	\$ <input type="text"/>
Shares / bonds	<input type="text" value="details"/>	\$ <input type="text"/>
Investments	<input type="text" value="details"/>	\$ <input type="text"/>
House effects	<input type="text" value="details"/>	\$ <input type="text"/>
Other	<input type="text" value="details"/>	\$ <input type="text"/>

Liabilities

Rent

Payment

\$

Frequency

W F M

Child maintenance

Payment

\$

Frequency

W F M

Housing loan

Payment

\$

Frequency

W F M

Balance

\$

Limit

\$

Payee Name

Term

Comm. date

P/O

Other Property

Payment

\$

Frequency

W F M

Balance

\$

Limit

\$

Payee Name

Term

Comm. date

P/O

Summary of Financial Position - continued

Liabilities - continued

Investment loan

Payment	Frequency	Balance
\$ <input type="text"/>	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	\$ <input type="text"/>
Limit	Payee Name	
\$ <input type="text"/>	<input type="text"/>	
Term	Comm. date	P/O
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Personal loan

Payment	Frequency	Balance
\$ <input type="text"/>	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	\$ <input type="text"/>
Limit	Payee Name	
\$ <input type="text"/>	<input type="text"/>	
Term	Comm. date	P/O
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Credit / store cards

Payment	Frequency	Balance
\$ <input type="text"/>	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	\$ <input type="text"/>
Limit	Payee Name	
\$ <input type="text"/>	<input type="text"/>	
Term	Comm. date	P/O
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Credit / store cards

Payment	Frequency	Balance
\$ <input type="text"/>	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	\$ <input type="text"/>
Limit	Payee Name	
\$ <input type="text"/>	<input type="text"/>	
Term	Comm. date	P/O
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Overdraft

Payment	Frequency	Balance
\$ <input type="text"/>	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	\$ <input type="text"/>
Limit	Payee Name	
\$ <input type="text"/>	<input type="text"/>	
Term	Comm. date	P/O
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Other

Payment	Frequency	Balance
\$ <input type="text"/>	W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	\$ <input type="text"/>
Limit	Payee Name	
\$ <input type="text"/>	<input type="text"/>	
Term	Comm. date	P/O
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Have you been bankrupt, insolvent, assigned your estate or had legal proceedings taken against you for debt? Yes No

If yes, give details

Amount	Year	Year of bankruptcy	Year of discharge
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>