	Full Name:		DOB:		Phone - Home:	
Address:		Occupation:	-		Work:	
I	FINANCIAL I	NFORMATION (No	et Monthly Figures Only)		
INCOME (Monthly)		Office Use	ASSETS		Office Use	
		oyiee ose	(please identify all assets the	at are jointly owned)	55	
Applicants monthly take home pay			Property/Home	\$		
(After Tax excluding overtime)	\$		Cash/Bank	\$		
Partners monthly take home pay			Vehicle/s	\$	_	
After Tax excluding overtime)	\$		Home Contents	<i>\$</i>		
Other Income (Please specify)			Investments (Please specify)		
	\$			\$		
TOTAL (A)	φ	_	Other (Diameter and St.)	Ψ		
TOTAL (A)	Þ		Other (Please specify)	¢.		
				\$	_	
EXPENSES (Monthly)		Office Use	TOTAL (C)	\$		
Mortgage/Rent payments	\$					
HP, Loans, Credit Accounts	\$		LIABILITIES		Office Use	
Rates, Phone, Power, Car Expenses	\$		Mortgage	\$		
nsurance (Life, Vehicle, House,			Credit Cards	\$		
Contents), Superannuation	\$		HP / Credit Accounts	\$		
iving Expenses (Food, Clothing)	\$		Bank O/D / Loan	\$		
Credit Cards, Other	\$		Other Creditors, loans (Plea	se specify)		
TOTAL (B)	\$			\$		
NET SURPLUS per month (A) - (B)	\$		TOTAL (D)	\$	_	
			NET WORTH (C) - (D)	\$		
		INSURANCE DE	TAILS			
nsurance Company:		INSURANCE DE	TAILS Branch:			
	will require vo		Branch:	expiry date. T	The interest of	
On signing documentation, we v			Branch:	expiry date. T	The interest of	
Insurance Company: On signing documentation, we v(You		u to provide a policy	Branch:	expiry date. T	The interest of	
On signing documentation, we v		u to provide a policy s Funder) to be note	Branch:	expiry date. T	The interest of	
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I understand that: 1.1 acceptance of this application does not neces 1.2 I may contact your Privacy Officer to reques agencies to whom you have disclosed inform I authorise you to: 2.1 use information disclosed in this application 2.2 make all such enquiries about me and my fin connection with this application and any sub you to disclose such information to you; and	ssarily mean that you we st access to and correctination about me. for the purpose of procurancial affairs as you consequent requests for credit	u to provide a policy is Funder) to be note ACKOWLEDGE. all grant the credit applied for, and on of any information about me to essing this application for Yourbinsider appropriate in relation to the edit) and to disclose details of this	Branch: //cover note number and d on the policy. MENTS d you may decline this application witho hat you hold and you will supply to me of the policy. z Finance Limited; his application (and further enquiries in the purple of the purple	ut giving any reason; and on request the names and the future which may be rose. I authorise any part	I addresses of any necessary in ty approached by	
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