



Details of Applicants

Applicant No 1

Member number	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Family name	
Given name(s)	
Date of birth	<input type="checkbox"/> M <input type="checkbox"/> F
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Driver's Licence Number	Exp date / /
Number of dependants (excluding spouse)	
Ages of dependants	
Current residential address	State Postcode
Time at current address	years months
Residential status (previous)	<input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Home owner <input type="checkbox"/> Home buyer <input type="checkbox"/> With parents <input type="checkbox"/> Other
Previous residential address (if less than 2 years in current)	State Postcode
Time at previous address	years months
Residential status (previous)	<input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Home owner <input type="checkbox"/> Home buyer <input type="checkbox"/> With parents <input type="checkbox"/> Other
Telephone numbers	Home
Work	Mobile
Current employment/occupation	
Income after tax \$	per <input type="checkbox"/> week <input type="checkbox"/> f/n <input type="checkbox"/> mth
Current employment status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self employed <input type="checkbox"/> Casual <input type="checkbox"/> Home duties <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> DSS recipient <input type="checkbox"/> Other
Employer name	
Time with this employer	years months
Employer's address	
Telephone	
Previous employment/occupation (if less than 2 years in current)	
Previous employment status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self employed <input type="checkbox"/> Casual <input type="checkbox"/> Home duties <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> DSS recipient <input type="checkbox"/> Other
Previous employer name	
Time with this employer	years months
Previous employer's address	

Applicant No 2 (if applicable)

Member number	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Family name	
Given name(s)	
Date of birth	<input type="checkbox"/> M <input type="checkbox"/> F
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Driver's Licence Number	Exp date / /
Number of dependants (excluding spouse)	
Ages of dependants	
Current residential address	State Postcode
Time at current address	years months
Residential status (previous)	<input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Home owner <input type="checkbox"/> Home buyer <input type="checkbox"/> With parents <input type="checkbox"/> Other
Previous residential address (if less than 2 years in current)	State Postcode
Time at previous address	years months
Residential status (previous)	<input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Home owner <input type="checkbox"/> Home buyer <input type="checkbox"/> With parents <input type="checkbox"/> Other
Telephone numbers	Home
Work	Mobile
Current employment/occupation	
Income after tax \$	per <input type="checkbox"/> week <input type="checkbox"/> f/n <input type="checkbox"/> mth
Current employment status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self employed <input type="checkbox"/> Casual <input type="checkbox"/> Home duties <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> DSS recipient <input type="checkbox"/> Other
Employer name	
Time with this employer	years months
Employer's address	
Telephone	
Previous employment/occupation (if less than 2 years in current)	
Previous employment status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self employed <input type="checkbox"/> Casual <input type="checkbox"/> Home duties <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> DSS recipient <input type="checkbox"/> Other
Previous employer name	
Time with this employer	years months
Previous employer's address	



Details of applicants (continued)

Other income

Applicant 1			
	\$	per	<input type="checkbox"/> w <input type="checkbox"/> f/n <input type="checkbox"/> m
	\$	per	<input type="checkbox"/> w <input type="checkbox"/> f/n <input type="checkbox"/> m
Applicant 2			
	\$	per	<input type="checkbox"/> w <input type="checkbox"/> f/n <input type="checkbox"/> m
	\$	per	<input type="checkbox"/> w <input type="checkbox"/> f/n <input type="checkbox"/> m

Home owned

Property value	\$
Loans outstanding	\$
To be paid out by this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mortgaged to	
Repayment	\$ per <input type="checkbox"/> w <input type="checkbox"/> f/n <input type="checkbox"/> m
Insured with	

Rent or board paid

Amount	\$	per	<input type="checkbox"/> w <input type="checkbox"/> f/n <input type="checkbox"/> m
Proportion paid	%		
Paid to			
Landlord's Address			
Telephone			
To cease with this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Other loans (including credit cards)

PROVIDER				
	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other commitments

		<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other real estate

Property 1		
Address		
Property value	\$	
Loans outstanding	\$	

To be paid out by this loan? Yes No

Mortgaged to		
Repayment	\$	per <input type="checkbox"/> w <input type="checkbox"/> f/n <input type="checkbox"/> m
Rent received	\$	per <input type="checkbox"/> w <input type="checkbox"/> f/n <input type="checkbox"/> m

Insured with	
--------------	--

Property 2		
Address		
Property value	\$	
Loans outstanding	\$	

To be paid out by this loan? Yes No

Mortgaged to		
Repayment	\$	per <input type="checkbox"/> w <input type="checkbox"/> f/n <input type="checkbox"/> m
Rent received	\$	per <input type="checkbox"/> w <input type="checkbox"/> f/n <input type="checkbox"/> m

Insured with	
--------------	--

Motor vehicle details

Motor vehicle 1		
Make/model	Year	
Value	\$	
Financed by		
Amount	\$	

To be paid out by this loan? Yes No

Repayment	\$	per <input type="checkbox"/> w <input type="checkbox"/> f/n <input type="checkbox"/> m
Insured with		

Motor vehicle 2		
Make/model	Year	
Value	\$	
Financed by		
Amount	\$	

To be paid out by this loan? Yes No

Repayment	\$	per <input type="checkbox"/> w <input type="checkbox"/> f/n <input type="checkbox"/> m
Insured with		



Details of applicants (continued)

Savings and long term deposits

		\$
		\$
		\$

Shares

COMPANY	NO OF SHARES	ESTIMATED VALUE
		\$
		\$
		\$

Other assets

Furniture and ttings		\$
		\$
		\$
		\$
Insured with		

Friend/relative not living with you

Name			
Address			
	State	Postcode	
Relationship to applicant/s			
Telephone	Home		
Work	Mobile		