

Lending Application PART 1 OF 8

Existing Main Bank: _____
 Existing Bank Number: _____
 Other Banks: _____
 Title: Mr/Mrs/Ms/Miss/Dr/Other _____
 First Name (s) _____
 Last Name _____
 Date of Birth ____/____/_____
 Number of Dependants _____
 Names/ Ages _____
 Are you an NZ Citizen/ permanent NZ resident? Yes No
 If no please supply your work permit expiry date
 ____/____/_____

Contact Details;
 Home # () _____
 Business # () _____
 Fax () _____
 Mobile # () _____
 Email _____

Current Residential Address;
 # and Street _____
 Suburb _____
 City _____
 Post Code _____
 Time there (Years____ / Months____)

- Own Home (With home loan) Own Home (freehold)
 Renting Boarding With Parents Caravan
 Other

Previous address if less than three years;
 # and Street _____
 Suburb _____
 City _____
 Post Code _____
 Time there (Years____ / Months____)

Your Postal Address – if different from residential
 # and Street _____
 Suburb _____
 City _____
 Post Code _____

Employer/Bis. Name _____
 Location of Employment _____
 Current Occupation _____
 Full-time Part-time Self-Employed
 Time there (Years____ / Months____)
 Previous occupation/employer if less than three years
 Employer/Business Name _____
 Location of Employment _____
 Current Occupation _____
 Full-time Part-time Self-Employed
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 Current Occupation _____
 Full-time Part-time Self-Employed
 Time there (Years____ / Months____)



Lending Amount required \$ _____
 Purpose for Lending _____

CURRENT STATEMENT OF FINANCIAL POSITION;

Liabilities

	<i>Institution</i>	<i>Limit</i>	<i>Amount Owing</i>
Bank Overdraft		\$	\$
Bank Overdraft		\$	\$
Credit Card		\$	\$
<i>Paid in full each month</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Card		\$	\$
<i>Paid in full each month</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Card		\$	\$
<i>Paid in full each month</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Store Card		\$	\$
<i>Paid in full each month</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Store Card		\$	\$
<i>Paid in full each month</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Store Card		\$	\$
<i>Paid in full each month</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>Institution</i>	<i>Expiry Date</i>	<i>Amount Owing</i>
Hire Purchase			\$
<i>Purpose:</i>			
Hire Purchase			\$
<i>Purpose:</i>			
Personal Loan			\$
<i>Purpose:</i>			
Personal Loan			\$
<i>Purpose:</i>			
Other Loan			\$
<i>Purpose:</i>			
Family Loan			\$
<i>Purpose:</i>			
Home Loans;			
	<i>Institution</i>	<i>Fixed/Floating/Limit</i>	<i>Amount Owing</i>
Home Loan			\$
Home Loan			\$
Home Loan			\$
Home Loan			\$
Revolving Credit		\$	\$
Revolving Credit		\$	\$
Other Finance;			
Student Loan			\$
Total Liabilities			\$

Assets

	<i>Institution</i>	
Bank Deposit		\$
Bank Deposit		\$
Bank Deposit		\$
Motor Vehicles		
<i>Make</i>	<i>Model</i>	<i>Year</i>
		\$
		\$
		\$
		\$
		\$
Real Estate/Property		
<i>Address</i>		<i>Approx. Market Value</i>
		\$
<i>Notes/Insurance info:</i>		\$
<i>Notes/Insurance info:</i>		\$
<i>Notes/Insurance info:</i>		\$
<i>Notes/Insurance info:</i>		\$
<i>Notes/Insurance info:</i>		\$
	<i>Institution</i>	
Superannuation		\$
		\$
	<i>Institution</i>	
Bonds and Shares		\$
		\$
Other investments (e.g. value items such as boats, antiques caravans)		
<i>Item</i>		<i>Value</i>
		\$
		\$
		\$
		\$
Total Assets		\$
Less Total Liabilities		\$
Surplus/Deficit		\$

Credit History Information: (please advise of any defaults/collections/bankruptcies/insolvencies/non-asset or alternatives)

Notes:



PROPOSED MONTHLY BUDGET

Monthly Expenses	Current Repayments	Proposed new budget
Existing home loan repayments	\$	\$
Existing home loan repayments	\$	\$
Proposed home loan repayments	\$	\$
Student Loan Repayments	\$	\$
Student Loan Repayments	\$	\$
Personal loan repayments	\$	\$
Personal loan repayments	\$	\$
Credit/Store card payments	\$	\$
Hire Purchase	\$	\$
Hire Purchase	\$	\$
Total Repayments		\$
Living Expenses	\$	\$
Motor Vehicle	\$	\$
Utilities (power/phone/gas)	\$	\$
Rates	\$	\$
Home Insurance	\$	\$
House hold	\$	\$
Education	\$	\$
Total		\$
Other Expenses		
Other Insurance (medical/life)	\$	\$
Superannuation	\$	\$
Other; (child care / support)	\$	\$
Rent/Board paid	\$	\$
Total Monthly Expenses		\$

Income	1 st Individual	2 nd Individual
	\$	\$
	<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/> Gross <input type="checkbox"/> Net
Paid	<input type="checkbox"/> Annually	<input type="checkbox"/> Annually
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Weekly	<input type="checkbox"/> Weekly
	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Fortnightly
Salary 1 Credited to which account?		
Salary 2 Credited to which account?		
Is a student loan debited from salary 1?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a student loan debited from salary 2?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Income		
Existing (weekly)	\$	
Monthly		\$
Proposed (weekly)	\$	
Monthly		\$
Other Income		
Item		Monthly Amount
		\$
		\$
		\$
Total Income		\$
Total Income		\$
Less Expenses		\$
Uncommitted Monthly Income		\$

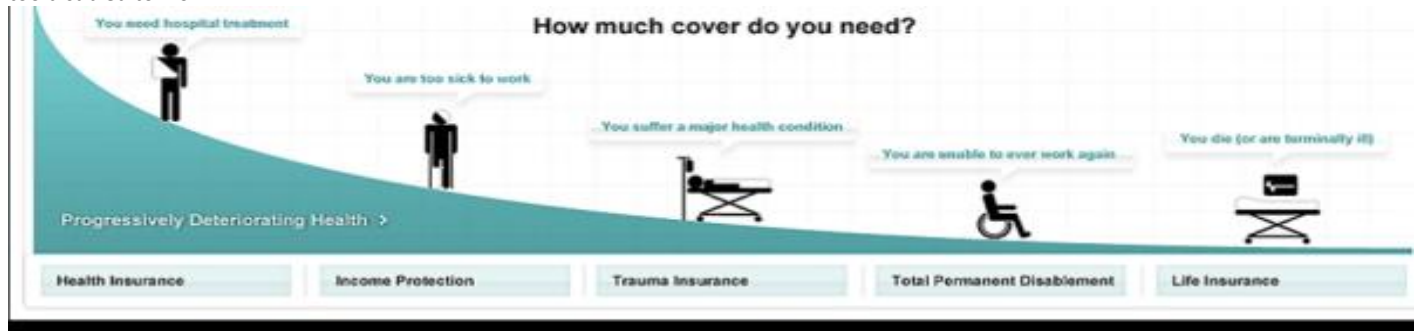
Current Home Insurance Information (company/amount);

EQC Information:

Other Insurance Providers (Vehicle/Rural/Business);



We all hate to think about things like our own or our partners death or disablement, but sometimes we need to make time to see what plans we have in place should something horrible happen. Then at least we know where we stand, and what we still need to put in place. You wouldn't dream about going out in a boat without a life jacket, or not strapping young children into a car seat before we drive off. These are common occurrences to manage risk. So take some time to think about what things you need in place to manage the risk of your dying prematurely or being too disabled to work.



If you need to have hospital treatment

If you or a member of your family required non-urgent surgery, and had to go to the public hospital system, how would you feel about this? Would you want to get the treatment you need, at a time and place of your choice?

.....

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.....

.....

If you are too sick to work

If a serious illness or accident stopped you from working for the next couple of years or longer, what would the financial consequences be? Who would be affected? What would you want to happen? How long could you survive without an income?

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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If you suffer a major health condition

Imagine that yesterday you were told you had invasive cancer or some other critical illness, and that the prognosis was uncertain. What would you be concerned about Financially?

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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If you are unable to ever work again

What would happen if you were disabled to the extent that you could never go back to work? What would you want to happen?

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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If you die or become terminally ill

Imagine if you had suddenly died yesterday, what would you have wanted for your family or business? What would be the financial impact of this? Or if you knew you have less than 12 months to live, what would you want to do?

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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What is the most important thing that you are concerned about after going through these questions?

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Now that we know how you feel about things and what is important to you, we need to gather some factual information so we can put some recommendations together.



PERSONAL RISK INSURANCE

Company/ Amount/Benefits;

Sick Leave/Work Insurance Packages;

HEALTH DETAILS

Approx. Height/ Approx. Weight

Person 1

Person 2

Are you a Smoker

Person 1 Yes Person 2 Yes

No No

Are there ongoing or past health issues which might affect your insurance?

Medical Insurance Information (company/amount/benefits);

Are there any insurers that your particularly like or don't like to deal with? Why?

Any other relevant information;



Best Method of contact; Frequency: weekly / fortnightly / monthly Contact: phone / email / txt

Are there any lenders that your particularly like or don't like to deal with?

What mortgage or bank features are important to you?

- Interest Rates, Flexibility, Pay off quickly, Interest Only, Redraw, Top Up Ability, Off set facility, Funding, Lending for impaired credit, Online Services, Credit Cards, Support, Lo Doc Loans, Airpoints etc, Foreign Exchange

Other/Notes

Goals; Short Medium Long

Is there any further information that you think we may need to know in regards to your lending application?

Professional Contacts; Do You Have?

- Solicitor, Accountant, Financial Advisor, Insurance Broker, Real Estate Agent

Notes

Your Will

Have you Made a Will?

- Person 1 Yes/No, Person 2 Yes/No

Preliminary recommendation

Lender

Loan Type

Insurance

Type/Benefits

Links to clients circumstances and Requirements

Links to lender's criteria

How did you hear about The Mortgage Girls?



DECLARATION;

I/we give the broker express authority to act on my behalf with all lenders, product providers and associated parties in respect of obtaining a home loan eligibility and/or risk products associated with this application.

I/we understand that the broker does not charge me for these services, unless specifically agreed in writing in advance, but receives a commission from the lender providing the loan. The broker is not an employee, agent, partner, nor joint venture partner of, nor does the broker act on behalf of the lender. I/we acknowledge that personal information collected in this form and in the course of my dealings with the broker named in this application (broker) is collected initially for the purpose of assessing my application for mortgage finance and may be given to a number of lenders (each a lender) at the discretion of the broker. If my application is successful, I/we accept that the information will be used by the lender for the purpose of administering the loan and by the lender and broker for administering any ongoing commission payments to the broker.

If the broker has an arrangement with the lender that the lender will pay ongoing commission over the term of the loan, the lender will periodically disclose the loan balance to the broker.

I/we accept that the broker and lender might use my personal information for market research purposes and to notify me/us of products or services that may be of interest to me/us.

I/we accept that the lender will, from time to time, make the information available to the lenders mortgage insurer (if any) any person with whom the lender proposes to enter into contractual arrangements, any security, trustee and any assignee or potential assignee of the lenders rights (the recipients).

The name and address of the broker that will hold this information is:

Name: Elyce Maxwell
Address: 174 Huxley Street, Sydenham, Christchurch

I/we understand that I/we are not required by law to provide any personal information to the broker but any failure to do so might prejudice any chances of obtaining finance.

I/We authorise: The Broker, the Lender and the Recipients to collect personal information about me from third parties including, but no restricted to, credit reporting agencies, banks and employers, and for those third parties to disclose information to the Broker, the Lender and the Recipients.

- The Lender to disclose my personal information to the broker during the term of the loan in order to answer queries to assist me with my financial arrangement as my circumstances change.
- The Broker, the Lender and the Recipients to disclose my personal information to credit reporting agencies and also to any third party making an authorised enquiry about me.
- The credit reporting agencies of the Broker, the Lender and the Recipients to hold my personal information on their systems and to use my personal information held on their systems to provide credit reporting services.
- The credit reporting agencies of the Broker, the Lender and the Recipients to provide my personal information to its customers using their credit reporting services.
- The Broker, the Lender and the Recipients to use the services of their credit reporting agencies in future for the purposes related to the provision of the loan and/or any other credit to me. This authorisation shall include the use of any monitoring services to receive updates about me if any of the personal information held about me changes.
- The Broker, the Lender and the Recipients to give information to credit reporting agencies about my default in any payment obligations.
- The credit reporting agencies of the Broker, the Lender and the Recipients to provide information about my default in any payment obligations to other customers of the credit reporting agencies.
- The broker and its lending providers will use the information they collect about you to assess your application and verify your identity. We/they may disclose to, and obtain from, credit reporting and government agencies, other credit providers and insurers, personal information about you for these purposes.

I/we understand that pursuant to the Privacy Act 1993 I have the right to request access to and correction of any personal information held by the broker or by the lender. I/we confirm that: (Delete those not applicable)

- The information contained in the application is true and correct;
- I am to meet legal and valuation costs;
- I am not registered for GST and will not be with respect to the security property.
- I am/will be registered for GST but the security property is not/will not be used for the purpose of a taxable activity.
- I am/will be registered for GST and the security property is/ will be used for the purposes of a taxable activity.

I/we acknowledge that as part of the intended financing transaction I should review my personal risk insurance requirement. I have been offered the option to review my personal risk insurance requirements by a specialist insurance adviser and have decided to: (delete not applicable)

- Have the review completed by an appointed insurance adviser
- Decline the option to review my personal risk insurance requirements and exempt the broker, consultants, insurance advisers from any liability or loss caused as a result of this decline.

I understand that should my circumstances change before the loan is repaid, I am responsible for continuing to make loan repayments. In the event of my death, I understand that it will be my estates responsibility to make the loan repayments and or to pay off any loan balance.

I / We acknowledge that I / We have received a copy of my / our loan application form and confirm that the information included in this application including my asset & liability statement is true and correct.

I acknowledge that I have been provided a copy of the brokers Personal Disclosure Statement

Signed	Signed.....
Name	Name
Date	Date.....

