

APPLICANT DETAILS

The applicant's details must be completed by all parties.

BALANCE SHEET

Have you completed all details of your assets, liabilities and income ?

PRIVACY STATEMENT

Have you read and understood the privacy consent information ?

Have you signed the privacy consent ?

CHECKLIST

Have you:

- Completed the applicant's details in full ?
- Completed the balance sheet in full ?
- Chosen your required insurance ?
- Signed the privacy consent form ?
- Attached your most recent pay slip to this application ?

230 Clarence Street, Sydney NSW 2000 :(02) 9286 0380

328 King Street, Newcastle NSW 2300 :(02) 4926 3540

125 Baylis Street, Wagga Wagga NSW 2650 :(02) 6921 3692

Level 1, 128 Exhibition Street, Melbourne VIC 3000 :(03) 9654 0451

Shop 4/201, Howick Street Bathurst NSW 2795 :(02) 6331 7254

Elizabeth Drive, Liverpool Hospital NSW 2170 :(02) 9602 8175

12-14 Wentworth St Parramatta NSW 2150 :(02) 9687 2719

Long Bay Complex, Anzac Parade, Malabar NSW 2036 :(02) 9311 1592

Cnr Conway and Carrington Sts, Lismore NSW 2480 : (02) 9286 0387

You can also FAX your loan on the above numbers or PHONE 1300 364 400!

Need Help?

If you need any help to complete any of these forms please telephone

1300 364 400 between 9am and 5pm, Monday to Friday.

PLEASE PRINT CLEARLY

MEMBERSHIP NO.:

AMOUNT REQUIRED: \$

PURPOSE OF LOAN:

How did you hear about our Loans? _____

Why did you choose our loan product? _____

Personal Loan

Mortgage

Overdraft - Cheque Book

FIRST BORROWER

SECOND BORROWER (if joint borrowers)

Title
(please circle)

Mr	Mrs	Miss	Ms	Other	S	M	W	D
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Mr	Mrs	Miss	Ms	Other	S	M	W	D
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Given Names

Surname

Date of Birth

/	/	Male	Female	Age of dependents
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/	/	Male	Female	Age of dependents
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Residential Address

<input type="checkbox"/> Owner/Buyer	<input type="checkbox"/> Renting	<input type="checkbox"/> Boarding
State Postcode Years in residence		

<input type="checkbox"/> Owner/Buyer	<input type="checkbox"/> Renting	<input type="checkbox"/> Boarding
State Postcode Years in residence		

Previous Address
(if less than 3 years)

<input type="checkbox"/> Owner/Buyer	<input type="checkbox"/> Renting	<input type="checkbox"/> Boarding
State Postcode Years in residence		

<input type="checkbox"/> Owner/Buyer	<input type="checkbox"/> Renting	<input type="checkbox"/> Boarding
State Postcode Years in residence		

Postal Address
(as above if same as residential)

State Postcode	
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State Postcode	
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Telephone

Work ()	Home ()
Mobile	
Email	

Work ()	Home ()
Mobile	
Email	

Drivers Licence No.

Exp.

Exp.

Name and address of nearest relative not living with you

Name	
Current Address	
Telephone	Relationship to you

Name	
Current Address	
Telephone	Relationship to you

Current Employment

Name	
Address	
Telephone	Years in service

Name	
Address	
Telephone	Years in service

Position Held

Permanent, Casual, P/T

Previous Employment
(if less than 3 years)

Position	Years in service
Position	
Position	Years in service
Position	

Position	Years in service
Position	
Position	Years in service
Position	

ASSETS	
Value of your home	\$
Furniture (insured value)	\$
Month home and contents insurance due	
Motor Vehicle	\$
Year and make	
Model	
Reg.No.	
Month car insurance due	
Savings/Investments	\$
Savings/Investments	\$
Other (please specify)	\$
Other (please specify)	\$
TOTAL ASSETS	\$

LIABILITIES			
	Name of Company	Balance Owning	Expenditure (Monthly)
Mortgage/Rent/Board		\$	\$
Personal Loan		\$	\$
Other loans		\$	\$
Credit Card			
Limit	-----	\$	\$
Credit Card			
Limit	-----	\$	\$
Store Account		\$	\$
Car expenses - reg., insurance, petrol, etc			\$
Food and living expenses			\$
Electricity, gas, phone, insurance, rates			\$
TOTAL		\$	\$ (A)

INCOME MONTHLY	
Your net salary (after tax, super etc.)	\$
Other (please specify)	\$
Other (please specify)	\$
Total income	\$
Less expenditure (A)	\$
Balance remaining	\$

INCOME MONTHLY	
Your net salary (after tax, super etc.)	\$
Other (please specify)	\$
Other (please specify)	\$
Total income	\$
Less expenditure (A)	\$
Balance remaining	\$

You may be required to provide details of all your income to avoid processing delays.

JOINT BORROWINGS/GUARANTEES

If you have existing joint borrowings with any other person, or have given any guarantees for any other person, please provide the details of that person below.

Full name	Address
Type of loan: Joint Borrowings/ Guarantee (Please circle)	Amount \$
Financial Institution	Repayment (monthly) \$

Additional Card Holder: _____

D.O.B ____ / ____ / ____

Signature: _____

Have you ever been bankrupt or had a summons served against you?

Yes

No

(If Yes, please give details on a separate sheet.)

PLEASE COMPLETE DETAILS OVERLEAF

SGE Credit Union offers insurance to members who wish to protect their loan repayments against sickness, accident, unemployment or death. Insurance is recommended by SGE for your benefit. Please tick the appropriate box to indicate your Consumer Credit needs.

Yes I would like to take advantage of all the Consumer Credit Insurances available to me.

No I do not require Consumer Credit Insurance. I acknowledge that should I be disabled or unemployed during the term of the loan, I will be responsible for repayment of the loan. I understand that, in the event of my death, my estate will remain liable to repay any outstanding debt, as well as any prior loan that has been consolidated into this contract.

	Type of cover	Trauma	1st borrower	2nd borrower
Yes, I would like	Sickness & Accident Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I would like	Sickness, Accident Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I would like	Death Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I would like	Sickness, Accident & Death Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I would like	Sickness, Accident, Unemployment & Death Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date ____/____/____
(First borrower)

Signature _____ Date ____/____/____
(Second borrower)

Terms and conditions available on application. Normal lending criteria applies. Fees and charges apply. 11/04

**PLEASE READ CAREFULLY. PRIVATE PROTECTION OF INFORMATION (CONSUMER CREDIT)
IMPORTANT NOTICE TO APPLICANTS FOR CREDIT (SECTION 18E(8)(c) PRIVACY ACT 1988)**

The Credit Union may give information about you to a credit reporting agency, but only limited kinds of information allowed by this Privacy Act 1988 (Commonwealth). This includes:

STATEMENT BY APPLICANT(S) FOR CREDIT *(Please read carefully before signing. When more than 1 applicant, each applicant to sign).*

- identity particulars - this only includes your name, sex, date of birth, current known address, two immediately previous addresses, your current or last known employer, and your drivers licence number;
- the fact that the Credit Union is a credit provider to you;
- payments overdue for at least 60 days, when the Credit Union has taken steps to recover;
- advice that payments are no longer overdue;
- cheques for an amount greater than \$100, drawn by you which have been dishonoured more than once;
- the opinion of the Credit Union that you have committed a serious credit infringement;
- when the credit provided to you has been discharged

1. Purpose of credit: The credit I am applying for is wholly or primarily for a domestic, family or household purpose, for another purpose.
2. Giving information to a Credit reporting Agency (Section 18 E(8)(c) Privacy Act 1988: The credit Union has informed me that it may give certain personal information about me to a credit reporting agency. I understand that the Credit Union can only give limited kinds of information which are set out in the Privacy Act 1988 and examples of which are listed above.
3. Exchanging Information with other Credit Providers (Section 18N (1)(b) Privacy Act 1988). I agree to the Credit Union checking personal information about me with any credit provider named in my credit application and with other credit providers that may be named in a credit report issued by a reporting agency, for any of the following purposes: • to assess my credit worthiness • to assess an application by me for credit • to help me avoid defaulting on my credit obligations • to notify a default by me • the collection of overdue payments. I understand that this information can include any information about my credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other under the Privacy Act 1988.
4. Access to Commercial Credit Information (Section 18L (4) Privacy act 1988) For the purpose of assessing my application for credit, I consent to the Credit Union obtaining a report containing information about my commercial activities or commercial credit worthiness, from a business which provides information about a commercial credit worthiness of persons.
5. Access to Consumer Credit Information for a Commercial Credit Application (Section 18K (1) (b) Privacy Act 1988) If my application is for commercial credit, I consent to the Credit Union, in order to assess my application, obtaining from a credit report about me containing consumer credit information.

SIGNATURE OF APPLICANT x _____ Date _____
CO-APPLICANT x _____ Date _____