

Company / Trust BORROWER GAURANTOR

Name of Company: Principal activity:

Name of Trust: Principal activity:

Address: Suburb: State: Postcode:

ABN/ACN: Date of Incorporation: Phone: () Fax: ()

Individual

BORROWER GAURANTOR

BORROWER GAURANTOR

TITLE	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> _____	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> _____
SURNAME	<input type="text"/>	<input type="text"/>
GIVEN NAMES	<input type="text"/>	<input type="text"/>
RELATIONSHIP OF BORROWERS	<input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> OTHER _____
HOME ADDRESS	<input type="text"/> P/CODE <input type="text"/>	<input type="text"/> P/CODE <input type="text"/>
LENGTH OF RESIDENCE SINCE	MONTH _____ YEAR _____	MONTH _____ YEAR _____
PREVIOUS ADDRESS (If less than 2 years at current address)	<input type="text"/> P/CODE <input type="text"/>	<input type="text"/> P/CODE <input type="text"/>
LENGTH OF RESIDENCE	FROM YEAR _____ TO YEAR _____	FROM YEAR _____ TO YEAR _____
PHONE NUMBERS	HOME (<input type="text"/>) WORK (<input type="text"/>) MOBILE <input type="text"/>	HOME (<input type="text"/>) WORK (<input type="text"/>) MOBILE <input type="text"/>
EMAIL	<input type="text"/>	<input type="text"/>
POSTAL ADDRESS (If different from above)	<input type="text"/> P/CODE <input type="text"/>	<input type="text"/> P/CODE <input type="text"/>
CURRENT ACCOMMODATION (Choose one)	<input type="checkbox"/> OWN OUTRIGHT <input type="checkbox"/> BUYING <input type="checkbox"/> RENTING	<input type="checkbox"/> OWN OUTRIGHT <input type="checkbox"/> BUYING <input type="checkbox"/> RENTING
MARITAL STATUS (Choose one)	<input type="checkbox"/> MARRIED <input type="checkbox"/> DE FACTO <input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED <input type="checkbox"/> DE FACTO <input type="checkbox"/> SINGLE
DATE OF BIRTH	<input type="text"/>	<input type="text"/>
DRIVER'S LICENCE	<input type="text"/>	<input type="text"/>
DEPENDENTS (Number)	(<input type="text"/>) AGES: <input type="text"/>	(<input type="text"/>) AGES: <input type="text"/>

Nearest Relative or Referee
Must be completed.

NAME AND ADDRESS: _____

PHONE NUMBERS: HOME () _____
WORK () _____
RELATIONSHIP TO APPLICANT: _____

NAME AND ADDRESS: _____

PHONE NUMBERS: HOME () _____
WORK () _____
RELATIONSHIP TO APPLICANT: _____

Employment Details

CURRENT EMPLOYMENT	BORROWER 1	BORROWER 2
PRESENT EMPLOYER	<input type="text"/>	<input type="text"/>
EMPLOYER ADDRESS	<input type="text"/> P/CODE	<input type="text"/> P/CODE
EMPLOYER PHONE	WORK ()	WORK ()
LENGTH OF SERVICE	YEARS MONTHS	YEARS MONTHS
OCCUPATION	<input type="text"/>	<input type="text"/>
EMPLOYMENT STATUS (Choose one)	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CONTRACT <input type="checkbox"/> CASUAL <input type="checkbox"/> SELF EMPLOYED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CONTRACT <input type="checkbox"/> CASUAL <input type="checkbox"/> SELF EMPLOYED
ACCOUNTANT'S NAME AND ADDRESS (Self employed applicants only)	<input type="text"/> P/CODE	<input type="text"/> P/CODE
ACCOUNTANT'S PHONE	WORK ()	WORK ()

PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS WITH CURRENT EMPLOYER) OR SECOND JOB (IF ANY)

EMPLOYER	<input type="text"/>	<input type="text"/>
EMPLOYER ADDRESS	<input type="text"/> P/CODE	<input type="text"/> P/CODE
EMPLOYER PHONE	WORK ()	WORK ()
LENGTH OF SERVICE	YEARS MONTHS	YEARS MONTHS
OCCUPATION	<input type="text"/>	<input type="text"/>
EMPLOYMENT STATUS (Choose one)	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CONTRACT <input type="checkbox"/> CASUAL <input type="checkbox"/> SELF EMPLOYED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CONTRACT <input type="checkbox"/> CASUAL <input type="checkbox"/> SELF EMPLOYED

Income Details

GROSS INCOME (BEFORE TAX)	BORROWER 1	BORROWER 2
INCOME BASIS QUOTED	<input type="checkbox"/> P.W. <input type="checkbox"/> P.F. <input type="checkbox"/> P.M. <input type="checkbox"/> P.A.	<input type="checkbox"/> P.W. <input type="checkbox"/> P.F. <input type="checkbox"/> P.M. <input type="checkbox"/> P.A.
CURRENT EMPLOYER	\$ <input type="text"/>	\$ <input type="text"/>
SECOND JOB (if any)	\$ <input type="text"/>	\$ <input type="text"/>
CURRENT RENTAL* (if any)	\$ <input type="text"/>	\$ <input type="text"/>
INVESTMENT (if any)	\$ <input type="text"/>	\$ <input type="text"/>
OTHER	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL INCOME	\$ <input type="text"/>	\$ <input type="text"/>

*Attach more sheets if necessary

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Security Details

SECURITY 1

SECURITY 2

ESTIMATED VALUE/
PURCHASE PRICE
ADDRESS

\$

P/CODE

\$

P/CODE

TITLE DETAILS

LOT PLAN

LOT PLAN

PROPERTY TYPE

HOUSE UNIT VACANT LAND

HOUSE UNIT VACANT LAND

PROPERTY TYPE

OWNER OCCUPIED INVESTMENT

OWNER OCCUPIED INVESTMENT

PURCHASE OR EXISTING:

PURCHASE EXISTING

PURCHASE EXISTING

LAND SIZE:

ZONING:

LEASE DETAILS (if any)

RENT \$

RENT \$

ACCESS FOR VALUER
SECURITY 1 & 2

CONTACT

CONTACT

WORK ()

WORK ()

MOBILE

MOBILE

SECURITY 3

SECURITY 4

ESTIMATED VALUE/
PURCHASE PRICE
ADDRESS

\$

P/CODE

\$

P/CODE

TITLE DETAILS

LOT PLAN

LOT PLAN

PROPERTY TYPE

HOUSE UNIT VACANT LAND

HOUSE UNIT VACANT LAND

PROPERTY TYPE

OWNER OCCUPIED INVESTMENT

OWNER OCCUPIED INVESTMENT

PURCHASE OR EXISTING?

PURCHASE EXISTING

PURCHASE EXISTING

LAND SIZE:

ZONING:

LEASE DETAILS (if any)

RENT \$

RENT \$

ACCESS FOR VALUER
SECURITY 1 & 2

CONTACT

CONTACT

WORK ()

WORK ()

MOBILE

MOBILE

ADDRESS AFTER SETTLEMENT:

YOUR SOLICITOR (if any)

CONTACT

PHONE ()

FAX ()

Assets and Liabilities — all funders excluding Origin

ASSETS OF BORROWER(S)

RESIDENCE (Address)		\$
OTHER PROPERTY (Address)		\$
		\$
		\$
PURCHASE DEPOSIT PAID		\$
MOTOR VEHICLES		\$
BANK ACCOUNTS		\$
		\$
SUPERANNUATION		\$
LIFE INSURANCE		\$
HOUSEHOLD/PERSONAL		\$
OTHER		\$
TOTAL ASSETS		\$

LIABILITIES OF BORROWER(S)

	LENDER/CREDITOR	LIMIT	OUTSTANDING BALANCE	MONTHLY PAYMENT	REFINANCE YES/NO
HOME MORTGAGE	\$	\$	\$		<input type="checkbox"/>
OTHER MORTGAGE	\$	\$	\$		<input type="checkbox"/>
	\$	\$	\$		<input type="checkbox"/>
RENT/BOARD	\$	\$	\$		<input type="checkbox"/>
PERSONAL LOANS/LEASES	\$	\$	\$		<input type="checkbox"/>
	\$	\$	\$		<input type="checkbox"/>
CHILD MAINTENANCE	\$	\$	\$		<input type="checkbox"/>
OVERDRAFT	\$	\$	\$		<input type="checkbox"/>
CREDIT CARD	\$	\$	\$		<input type="checkbox"/>
OTHER	\$	\$	\$		<input type="checkbox"/>
TOTAL LIABILITIES	\$	\$	\$		<input type="checkbox"/>

Declaration of Signature

I/We declare that the details contained within this Personal Statement of Financial Position are true and correct.

Signature	Date	Signature	Date
	/ /		/ /
Print name		Print name	

SEPARATE STATEMENT OF FINANCIAL POSITION TO BE COMPLETED BY EACH APPLICANT UNLESS MARRIED OR DEFACTO