

OFFICE USE ONLY

Member No.
 Commenced
 Debt \$
 (as at/...../.....)
 EFT/Chq \$
TOTAL LOAN \$



www.apsbenefitsgroup.com.au

APS Benefits Group Ltd
 440 William Street, West Melbourne VIC 3003
 Phone 1300 131 809 | (03) 9322 2000 | Fax (03) 8327 8200

Email: loans@apsbenefitsgroup.com.au

PLEASE COMPLETE

TERM OF LOAN Years
 REPAYMENTS (Please circle)
 Weekly Fortnightly Monthly

LOAN APPLICATION

PLEASE USE A BLACK PEN WHEN COMPLETING THIS FORM

AMOUNT REQUIRED (including current balance owing) \$.....		PURPOSE OF LOAN (Please explain fully)	
BANK TRANSFER DETAILS	Bank/BS/CU Name		
	BSB No.		Account No.
	Account Name		
BORROWER DETAILS		CO-BORROWER DETAILS	
Title Surname Given Name/s Previous Surname (if applicable) Service/AGS No. Date of Birth Age Current Residential Address P/Code Time at current address (if less than 2 years advise previous) Previous Residential Address P/Code Home Ph () Mobile Work Ph () Fax () Email Drivers Licence No. State		Title Surname Given Name/s Previous Surname (if applicable) Service/AGS No. Date of Birth Age Current Residential Address P/Code Time at current address (if less than 2 years advise previous) Previous Residential Address P/Code Home Ph () Mobile Work Ph () Fax () Email Drivers Licence No. State	
MARITAL STATUS (Please circle) Single Married Defacto Divorced Widow/er Number of Children (for both borrowers) Children's Ages			

FINANCIAL HISTORY STATEMENTS:

1. Have you ever been declared bankrupt, applied for bankruptcy or assigned your estate for the benefit of creditors or have you had any credit default(s) or court judgements lodged against you? **YES** **NO** (please circle)

If YES, please provide details

2. Have you applied for hardship with any existing or previous lenders? **YES** **NO** (please circle)

If YES, please provide details and how you will continue to make repayments

INCOME INFORMATION

PER FORTNIGHT

GROSS INCOME	BORROWER	CO-BORROWER	TOTAL
Wages (as per pay advices)	\$	\$	\$
Family Allowance	\$	\$	\$
Pensions	\$	\$	\$
Child Support	\$	\$	\$
Rental Income	\$	\$	\$
Other Income (please specify)	\$	\$	\$
TOTAL	\$	\$	\$

STATEMENT OF ASSETS AND LIABILITIES

THE FOLLOWING SHOULD REPRESENT THE COMBINED STATEMENT OF ASSETS AND LIABILITIES OF THE BORROWER AND THEIR SPOUSE

ASSETS (What you own)	VALUE	LIABILITIES (What you owe)					
		MORTGAGE LENDER	BALANCE OWING	FORTNIGHTLY PAYMENT	INTEREST RATE		
HOME ADDRESS							
OTHER PROPERTY ADDRESSES							
SAVINGS (Bank/CU/BS Name)		PERSONAL LOANS (Lender Name)	BALANCE OWING	FORTNIGHTLY PAYMENT	INTEREST RATE		
MOTOR VEHICLES Year/Make/Model		CAR LOANS/HIRE PURCHASE/ LEASE	BALANCE OWING	FORTNIGHTLY PAYMENT	INTEREST RATE		
		CREDIT CARDS					
FURNITURE / HOUSEHOLD CONTENTS		CARD TYPE	BANK NAME	LIMIT	BALANCE OWING	FORTNIGHTLY PAYMENT	INTEREST RATE
		VISA					
		M/CARD					
		AMEX					
SHARES (Company and Number)		STORE A/C					
		Others					
OTHER ASSETS (please specify)		OTHER LIABILITIES			FORTNIGHTLY PAYMENT		
		RENT/BOARD					
		CHILD SUPPORT/MAINTENANCE					
		HECS/HELP Fees					
		FURNITURE/EQUIPMENT RENTAL					
		OTHER (please specify)					
TOTAL ASSETS	\$	TOTAL LIABILITIES		\$	\$		

EMPLOYMENT DETAILS

BORROWER DETAILS

Current Employer

Employer Address

..... P/Code

Occupation/Title/Rank

Employment Status FULL TIME / PART TIME / CASUAL / OTHER

Start Date/...../..... Phone:

Previous Employment

(if less than 2 years)

Previous Employment Address

..... P/Code

Start Date/...../..... Phone:

CO-BORROWER DETAILS

Current Employer

Employer Address

..... P/Code

Occupation/Title/Rank

Employment Status FULL TIME / PART TIME / CASUAL / OTHER

Start Date/...../..... Phone:

Previous Employment

(if less than 2 years)

Previous Employment Address

..... P/Code

Start Date/...../..... Phone:

TWO REFEREES

(PREFERABLY CLOSE RELATIVES)

THEY MUST **NOT** BE LIVING WITH YOU AND BE FROM TWO DIFFERENT CONTACTABLE ADDRESSES. YOU **MUST** OBTAIN THE CONSENT OF ALL PERSONS NAMED.

PARENT / RELATIVE

NAME

TELEPHONE (HOME) TELEPHONE (WORK)

TELEPHONE (MOBILE) EMAIL

RELATIVE / FRIEND

NAME

TELEPHONE (HOME) TELEPHONE (WORK)

TELEPHONE (MOBILE) EMAIL

I/We the Applicant(s) named herein,

- Being a member(s) of, or eligible to become a member(s) of the APS Benefits Group Limited (hereinafter referred to as the "APS Benefits Group" or the "Group") apply for a loan as detailed in this application and I/we will, if this application is approved, immediately apply for membership of the Group and comply with the Group's Constitution, Articles of Association and By-Laws.
- Understand I/we must not enter into any contractual or legal commitment, which relies on the approval of this application until the APS Benefits Group has given written approval.
- Have not relied in any way on any representation or warranty of any kind made by the APS Benefits Group or any delegate, officer, employee, agent or contractor of the APS Benefits Group in relation to the terms of the proposed credit applied for, this application or the acceptance of this application by the APS Benefits Group.
- Agree that the APS Benefits Group may give information regarding my/our application details with my/our employer, estate agent or other related entity (as defined in the Corporation Law) of the APS Benefits Group.
- Acknowledge that the authorisations referred to in this application shall continue in full force and effect until all credit made available to me/us for credit has been discharged in full.
- DO SOLEMNLY AND SINCERELY DECLARE THAT I/WE ARE NOT UNDISCHARGED BANKRUPT(S) AND THAT THE SEVERAL STATEMENTS AND ANSWERS TO QUESTIONS MADE IN THIS APPLICATION ARE TRUE AND CORRECT IN EVERY PARTICULAR.**

NOTICE OF DISCLOSURE OF YOUR CREDIT INFORMATION TO A CREDIT REPORTING AGENCY (Privacy Act 1988) GIVING INFORMATION TO A CREDIT REPORTING AGENCY (SECTION 18 E (1) (8) (C) PRIVACY ACT 1988)

The APS Benefits Group may give information about you to a credit-reporting agency to obtain a consumer credit report about you and/or to allow the credit-reporting agency to create/maintain a credit information file containing information about you. This information is limited to:

- Identity particulars your name, gender, date of birth, address (past and present), name of employer and drivers licence number.
- The fact that you have applied for credit, the amount and that the Group is a credit provider to you.
- Loan repayments that are overdue by more than sixty days, and for which debt collection action has been started.
- Advice that loan repayments are no longer overdue in respect of any default that has been listed.
- Cheques for an amount greater than \$100 drawn by you which have been dishonoured more than once.
- The opinion of the Group that you have committed a serious credit infringement.
- That the credit provided for by the Group has been paid or otherwise discharged.

Continued on next page

DECLARATIONS AND AGREEMENTS

CONTINUED

AUTHORITY FOR THE GROUP TO OBTAIN AND USE CERTAIN INFORMATION

To enable the APS Benefits Group to assess my/our application for personal credit or for the purpose of collecting overdue payments from me/us to the APS Benefits Group. I/we authorise the Group to obtain from a credit reporting agency a credit report containing personal information about me/us in relation to personal credit provided by the APS Benefits Group.

EXCHANGING INFORMATION WITH OTHER CREDIT PROVIDERS (SECTION 18N (1) (b) PRIVACY ACT 1988)

I/We agree to the APS Benefits Group checking information about me/us with any credit provider named in my/our application for credit, and with other credit providers that may be named in a credit report issued by a credit reporting agency, for any of the following purposes:

- To assess an application by me/us for credit and also to assess my/our credit worthiness.
- To exchange information with other credit providers as to the status of this loan where I am in default with other credit providers.
- To notify a default by me/us and the collection of overdue payments. I/we understand that this information can include any information about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give to or receive from each other under the Privacy Act 1988.

I/we understand that this information can include any information about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give to or receive from each other under the Privacy Act 1988.

AGREEMENT THAT THE GROUP MAY SEEK COMMERCIAL AND CONSUMER CREDIT INFORMATION (SECTIONS 18L (4), 18K (1) (b) PRIVACY ACT 1988)

If relevant, I/we agree to the APS Benefits Group obtaining a report about my/our commercial activities/credit worthiness from a business which provides information about the commercial credit worthiness of persons, and I/we agree to the APS Benefits Group obtaining from a credit reporting agency a credit report containing personal information about me/us in relation to commercial credit provided by the APS Benefits Group.

AUTHORITY FOR PROPOSED GUARANTOR TO SEEK INFORMATION (SECTION 18N (1) (ga) (ii) PRIVACY ACT 1988)

I/we agree that the APS Benefits Group may give to a person who is currently a guarantor, or whom I/we have indicated is considering becoming a guarantor, a credit report containing information about me/us for the purpose of the prospective guarantor deciding whether to act as guarantor or to keep the existing guarantor informed about the guarantee and I/we understand that the information disclosed can include anything about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to disclose under the Privacy Act including a credit report.

PRIVACY

The APS Benefits Group is committed to ensuring the confidentiality and security of your personal information. This information is being collected for the purposes of processing your application and assisting us with improving our service to you. If the information is not provided, the APS Benefits Group may be unable to process your application. It may be necessary for us to disclose your information to consultants we engage, such as lawyers, accountants, actuaries, and credit reporting agencies, or to regulatory authorities, if required by law. You have the right to access and alter any of the personal information concerning yourself in accordance with the Act. This information will not be on sold or made publicly available.

Please direct any enquiries to our Privacy Officer on **1300 131 809**. Our full privacy policy is available on www.apsbenefitsgroup.com.au

A MEMBER WHO IS PAYING LOAN INSTALMENTS FOR HIS/HER SPOUSE THROUGH HIS/HER SALARY MUST ALSO SIGN THE LOAN CONTRACT AS A CO-BORROWER, THUS BECOMING JOINTLY AND SEVERALLY LIABLE FOR THE FULL REPAYMENT OF THIS LOAN.

WHAT ARE MY FINANCIAL CIRCUMSTANCES?

	YES	NO	N/A
Do you anticipate an increase to your expenses/liabilities over the next 12 months (excluding this application)?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you anticipate a decrease in your income during the next 12 months (ie extended unpaid leave)?	<input type="checkbox"/>	<input type="checkbox"/>	
If you operate a business, do you anticipate a reduction in your income/profit during the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you unable to meet your current financial commitments?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you aware of any information relevant to your application that has not been provided and could have an adverse impact on your financial circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you aware of any future change in your employment which may adversely affect your ability to meet your current and future financial obligations?	<input type="checkbox"/>	<input type="checkbox"/>	

If you have selected "YES" to any of the above, please specify on a separate form details and also how you will continue to make repayments.

BORROWER

Mr Mrs Miss Ms (Please circle)

Full Name

Signature

Date of Application / /

CO-BORROWER

Mr Mrs Miss Ms (Please circle)

Full Name

Signature

Date of Application / /

CHECK LIST:

So that your application can be processed as soon as possible please ensure the following items are provided:

- All questions under "**WHAT ARE MY FINANCIAL CIRCUMSTANCES?**" are answered.
- A recent payslip for all borrowers and/or spouses (no more than 30 days old).
- Centrelink confirmation of Family Allowance, Child Support, Pension Entitlements, etc.
- Rental/Investment or other income.
- If self-employed, the last two years full financial statements.

Email loan application to: loans@apsbenefitsgroup.com.au