

LOAN APPLICATION

HOW MUCH WOULD YOU LIKE? \$ _____

PROCEDURE? _____

PREFERRED MONTHLY PAYMENT OR LOAN TERM? \$ _____

DOCTOR CONTACTED? _____

1st Applicant Tell us about yourself

Surname _____ Title _____ Sex _____ First _____ Middle _____

Date of Birth _____ Age _____ Dependants _____

Marital Status _____ Drivers Licence _____

2nd Applicant Tell us about your spouse/partner

Surname _____ Title _____ Sex _____ First _____ Middle _____

Date of Birth _____ Age _____ Drivers Licence _____

If not signing, is spouse/partner working full time? Y/N

Cost of Living Analysis Tell us about your monthly income and expenses

Monthly Income and Expenses

1 st Applicant Net Monthly Income	+\$	
2 nd Applicant Net Monthly Income	+\$	
Additional Monthly Income Eg: rent, allowance	+\$	
A) Total Monthly Net Income	=\$	
B) Monthly Household Living Expenses eg: entertainment, utility bills, food etc	\$	\$
Office Use Only NMF estimate living expenses S/710 J/915 J1/1000 J2/1080 J3/1165		
C) Monthly Rent/Mortgage Payment	\$	
D) Total Expenses (B+C)	=\$	
E) Monthly Disposable Income (E=A-D)	=\$	

If spouse/partner is not signing the loan, and they are full time employed use 50% of the joint monthly living expenses

OFFICE USE ONLY

Source

☐

Circle Category

A B

1st Applicant Verbal Privacy Act Y/N Date _____

Initial _____

2nd Applicant Verbal Privacy Act Y/N Date _____

Initial _____

Liabilities Tell us about your current financial commitments, including all credit cards

Loan Type Mortgages, Car Loans, Credit Cards, Personal Loans, NMF Loans	Loan/Debits with which Company	Limit/ Amount Borrowed	Current Balance	Monthly Payment	Original Loan Term
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

Assets Tell us about your assets

Property Market Value \$		Equity Available \$			Office Use Only
	Ins. Value	Insurer	Exp. Date	Comments	
Home Building	\$		/ /		
Home Contents	\$		/ /		
Other Assets	\$		/ /		

Auto Details

Year	Make Model	Rego	Kilometres	Sedan/ Wagon	Insurer	Exp. Date	Comments
						/ /	
						/ /	
						/ /	

Life Insurance Tell us about your life insurance coverage

	Insurer	Amount of Cover		Comments
Life Cover		\$	SMOKER NON SMOKER	
Life Cover		\$	SMOKER NON SMOKER	

4 Personal References Note: a minimum of one (1) relative must be included.

Name	Address	Phone	Relationship

Residential Information

1st Applicant

Current Address _____

City _____ Suburb _____ Postcode _____

Renting Buying Other _____ Year/s _____ Month/s _____
(Time at address)

Landlord/Mortgagee _____

Previous Address _____

City _____ Suburb _____ Postcode _____

Renting Buying Other _____ Year/s _____ Month/s _____
(Time at address)

Home Phone _____ Mobile Phone _____ Other Phone _____

Email Address _____

2nd Applicant

Current Address _____

City _____ Suburb _____ Postcode _____

Renting Buying Other _____ Year/s _____ Month/s _____
(Time at address)

Landlord/Mortgagee _____

Previous Address _____

City _____ Suburb _____ Postcode _____

Renting Buying Other _____ Year/s _____ Month/s _____
(Time at address)

Home Phone _____ Mobile Phone _____ Other Phone _____

Email Address _____

Employment Information Tell us about your job

1st Applicant

Employed by _____ Occupation _____

Suburb _____ Phone _____ Year/s _____ Month/s _____
(How long working there)

Full time Part Time Casual Seasonal Self Employed

Hours worked per week: _____
(Excluding overtime)

If Self Employed:
Accountant's Name (If applicable)

Phone _____
(If applicable)

Previous Employment

Employed by _____ Occupation _____

Suburb _____ Phone _____ Year/s _____ Month/s _____
(How long working there)

Second job (if applicable)

Employed by _____ Occupation _____

Suburb _____ Phone _____ Year/s _____ Month/s _____
(How long working there)

2nd Applicant (if different)

Employed by _____ Occupation _____

Suburb _____ Phone _____ Year/s _____ Month/s _____
(How long working there)

Full time Part Time Casual Seasonal Self Employed

Hours worked per week: _____
(Excluding overtime)

If Self Employed:
Accountant's Name (If applicable)

Phone _____
(If applicable)

Previous Employment

Employed by _____ Occupation _____

Suburb _____ Phone _____ Year/s _____ Month/s _____
(How long working there)

Second job (if applicable)

Employed by _____ Occupation _____

Suburb _____ Phone _____ Year/s _____ Month/s _____
(How long working there)

Payment Details

Preferred payment frequency: weekly fortnightly monthly

Bank Account Number - - -
(Suffix)

ACKNOWLEDGEMENTS AND CONTINUING AUTHORITIES

Applicant Name: _____ Applicant Name: _____

NOTICE OF DISCLOSURE OF INFORMATION TO A CREDIT REPORTING AGENCY

Nova Medical Finance ("NMF"), or its agent, is allowed to give a credit reporting agency personal information about your credit application. The information, which may be given to an agency, includes;

- Identity particulars and the fact that you have applied for credit, and the amount applied for.
- The fact that NMF, or its agent, is a current credit provider to you and that credit provided to you by NMF, or its agent, has been otherwise discharged.
- Payments that become overdue and for which collection action has commenced and, advice that payments paid are no longer overdue.
- In specific circumstances, that in the opinion of NMF, or its agent, you have committed a credit infringement.

Additionally, NMF, or its agent, may seek from a credit reporting agency, information about your credit activity or creditworthiness.

NOTICE OF YOUR RIGHT TO REQUEST ALTERATION TO INFORMATION

The information supplied on this application will be kept at the offices of NMF. Under normal circumstances, you have the right to access that information and request alteration to the information should you feel it necessary.

AGREEMENT THAT NMF MAY SEEK COMMERCIAL CREDIT INFORMATION

If NMF, or its agent, considers it relevant in assessing an application for personal credit, I/we agree to NMF, or its agent, obtaining a report about my/our credit activities or creditworthiness from a credit reporting agency.

AGREEMENT THAT NMF MAY OBTAIN CONFIRMATION OF EMPLOYMENT AND RESIDENTIAL INFORMATION

If NMF, or its agent, considers it relevant in assessing an application for personal credit, I/we agree to NMF, or its agent, obtaining a confirmation of my/our employment and/or residential information.

AGREEMENT TO NMF, OR ITS AGENT, SEEKING FROM, OR GIVING TO OTHER CREDIT PROVIDERS DETAILS ABOUT MY/OUR CREDITWORTHINESS

I/we agree that NMF, or its agent, may give to and seek from any credit providers named in this credit application and any credit providers that may be named in a credit report issued by a credit reporting agency, information about my/our credit arrangements. I/we further authorise said credit providers to supply said information.

I/we understand that this information can include any information about my/our creditworthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other. I/we understand the information may be used for the following purposes:

- To assess my/our application for credit/creditworthiness.
- To exchange information with other credit providers as to the status of a loan where I/we am/are in default with other credit providers or to notify other credit providers of a default by me/us.

AGREEMENT TO USE OF INFORMATION

- I/we acknowledge that if NMF, or its agent, provides this loan, NMF, or its agent, may collect and monitor personal information about me/us as is necessary for the administration and protection of any credit provided and may provide any of the information to a third party employed by NMF, or its agent, to assist in enforcement of any agreement between us.
- I/we agree that NMF, or its agent, and any of its related companies may use all personal information held about me/us now or in the future to offer me/us further or alternative financial accommodation and to provide me/us with details of other products and services from time to time and for the purposes of considering any future application for finance made by me/us.

First Applicant _____ Date _____

Second Applicant _____ Date _____

Declaration

Insurance

I/We understand that:

Insurance is optional (with the exception of insurance over any mortgaged property).

Insurance may be obtained through an insurer of my/our choice.

If I/we elect to take out insurance it will add to my/our loan repayments.

Whether or not I/we take out insurance (Other than insurance over any mortgaged property)

will not affect, in any way, NMF's decision to grant the loan.

Liabilities

I/We believe that the liabilities stated represent the total of my/our liabilities at the time of this loan application.

Cost of Living Analysis

I/We declare that the information provided by me/us for the cost of living analysis is true and correct at the time of this loan application.

Other Information

I/We declare that all of the other information in this application form provided by me/us is true and correct.

First Applicant _____ Date _____

Second Applicant _____ Date _____