



Karpaty Credit Union

ABN: 75 087 650 208 AFSL No. 240296

LOAN APPLICATION

IMPORTANT – TO ENSURE QUICK PROCESSING PLEASE PROVIDE THE FOLLOWING INFORMATION:

- PROOF OF INCOME INCLUDING LAST 3 PAYSLEIPS
- CURRENT RENT RECEIPTS OR RATES NOTICE
- CURRENT STATEMENT OF ALL DEBTS AND SAVINGS

An application fee will be charged. The fee is not refundable if the application is unsuccessful. The amount of the fee is quoted in the Fees and Charges booklet.		OFFICE USE	
MEMBERSHIP NO.:		Date Lodged: __/__/__	Date Required: __/__/__
AMOUNT REQUIRED:		Member Contacted: __/__/__ Loan Officer: _____	
PURPOSE:		REPAYMENT: Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>	
LOAN TYPE: Personal <input type="checkbox"/> Car <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Other <input type="checkbox"/>			

FIRST APPLICANT

SECOND APPLICANT (If joint applicants)

Preferred Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>	
Surname			Surname		
Given Names			Given Names		
Telephone	Wk () Hm ()	Mobile	Wk () Hm ()	Mobile	
Email			Email		
Residential Status	Owner/Buyer <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/>	Residential Address	Owner/Buyer <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/>	Residential Address	
Residential Address			Residential Address		
Residential Address	Postcode Yrs in residence	Residential Address	Postcode Yrs in residence	Residential Address	
Previous Address (if less than 3 yrs)	Owner/Buyer <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/>	Previous Address (if less than 3 yrs)	Owner/Buyer <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/>	Previous Address (if less than 3 yrs)	
Previous Address (if less than 3 yrs)			Previous Address (if less than 3 yrs)		
Previous Address (if less than 3 yrs)	Postcode Yrs in residence	Previous Address (if less than 3 yrs)	Postcode Yrs in residence	Previous Address (if less than 3 yrs)	
Postal Address			Postal Address		
Postal Address			Postal Address		
Postal Address	Postcode	Postal Address	Postcode	Postal Address	
Postal Address			Postal Address		
Driver's License	No. Expiry Date:	Driver's License	No. Expiry Date:	Driver's License	
Date of Birth	/ / No of Dependants	Date of Birth	/ / No of Dependants	Date of Birth	
Date of Birth			Date of Birth		
Date of Birth	Age of Dependants	Date of Birth	Age of Dependants	Date of Birth	
Current Employer			Current Employer		
Work Address			Work Address		
Work Address			Work Address		
Work Address	Tel.	Work Address	Tel.	Work Address	
Perm, Casual, P/T			Perm, Casual, P/T		
Perm, Casual, P/T	Yrs There?	Perm, Casual, P/T	Yrs There?	Perm, Casual, P/T	
Perm, Casual, P/T			Perm, Casual, P/T		
Previous Employer (if less than 3 yrs)			Previous Employer (if less than 3 yrs)		
Previous Employer (if less than 3 yrs)	Tel.	Previous Employer (if less than 3 yrs)	Tel.	Previous Employer (if less than 3 yrs)	
Previous Employer (if less than 3 yrs)	Yrs There?	Previous Employer (if less than 3 yrs)	Yrs There?	Previous Employer (if less than 3 yrs)	
Previous Employer (if less than 3 yrs)			Previous Employer (if less than 3 yrs)		
TWO names and separate addresses of TWO nearest relatives or friends not living with you			TWO names and separate addresses of TWO nearest relatives or friends not living with you		
TWO names and separate addresses of TWO nearest relatives or friends not living with you			TWO names and separate addresses of TWO nearest relatives or friends not living with you		
TWO names and separate addresses of TWO nearest relatives or friends not living with you	Name	TWO names and separate addresses of TWO nearest relatives or friends not living with you	Name	TWO names and separate addresses of TWO nearest relatives or friends not living with you	
TWO names and separate addresses of TWO nearest relatives or friends not living with you			TWO names and separate addresses of TWO nearest relatives or friends not living with you		
TWO names and separate addresses of TWO nearest relatives or friends not living with you	Address	TWO names and separate addresses of TWO nearest relatives or friends not living with you	Address	TWO names and separate addresses of TWO nearest relatives or friends not living with you	
TWO names and separate addresses of TWO nearest relatives or friends not living with you			TWO names and separate addresses of TWO nearest relatives or friends not living with you		
TWO names and separate addresses of TWO nearest relatives or friends not living with you	Tel.	TWO names and separate addresses of TWO nearest relatives or friends not living with you	Tel.	TWO names and separate addresses of TWO nearest relatives or friends not living with you	
TWO names and separate addresses of TWO nearest relatives or friends not living with you	Relationship?	TWO names and separate addresses of TWO nearest relatives or friends not living with you	Relationship?	TWO names and separate addresses of TWO nearest relatives or friends not living with you	

CONSUMER CREDIT INSURANCE

The Credit Union offers insurance to members who wish to insure their loan repayments against sickness, accident, unemployment or death. Insurance is recommended for your benefit. Please tick the appropriate box to indicate your Consumer Credit needs. The approval of your loan is not conditional on your taking consumer credit insurance. Completing this section does not obligate you.

YES I would like Consumer Credit Insurance as indicated below.

NO I do not require Consumer Credit Insurance.

	Type of Cover	First Borrower	Second Borrower
Yes, I would like	Sickness & Accident protection		
Yes, I would like	Sickness, Accident & Unemployment		
Yes, I would like	Death Cover		
Yes, I would like	Sickness, Accident, & Death Cover		
Yes, I would like	Sickness, Accident, Unemployment, Death Cover		

I acknowledge that should I be disabled or unemployed during the term of the loan, I will be responsible for the payment 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.

(First Applicant)

Signature: _____ Date: / /

(Second Applicant)

Signature: _____ Date: / /

Terms and conditions available on application. Normal lending criteria applies. Minimum loan \$1000. Fees and charges apply.

ASSETS	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>	LIABILITIES		
		Name of Company	Balance Owing \$	Repayment \$
Value of your home \$	1 st Mortgage /Rent/Board			
Furniture (insured value) \$	Other Mortgage			
Month home & contents insurance due?	Personal Loan			
Motor Vehicle \$	Other Loans			
Year & make:	Credit Card Limit \$			
Model	Credit Card Limit \$			
Reg. No.	Store Account			
Month Car insurance due?	Other Commitments			
Savings/Investments \$	Joint Borrowings			
Savings/Investments \$	Guarantees			
Other (please specify) \$	Child Maintenance			
Other (please specify) \$				
TOTAL ASSETS	TOTAL LIABILITY			

FIRST BORROWER'S INCOME DETAILS Please attach evidence of all income			SECOND BORROWER'S INCOME DETAILS Please attach evidence of all income		
Gross Income \$	p/w: f/night: month		Gross Income \$	p/w: f/night: month	
Net Income (-tax) \$	p/w: f/night: month		Net Income (-tax) \$	p/w: f/night: month	
Other Income \$	p/w: f/night: month		Other Income \$	p/w: f/night: month	
Rental Income \$	p/w: f/night: month		Rental Income \$	p/w: f/night: month	
Invest/Dividend \$	p/w: f/night: month		Invest/Dividend \$	p/w: f/night: month	
TOTAL \$	p/w: f/night: month		TOTAL \$	p/w: f/night: month	

DECLARATION

If you have any 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 <input type="checkbox"/>	Guarantee <input type="checkbox"/>	Amount: \$	
Financial Institution	Repayment: \$	Weekly	Fortnightly Monthly

DECLARATION BY APPLICANTS:
I / We declare that the information given above is true, correct and complete and that I / we have never committed any act of Bankruptcy or had any judgements or legal proceedings against me / us.
I / We authorise the Credit Union to make any relevant enquiries into the references mentioned, my employer or any other credit provider at any time during the conveyancing of this loan.
I / We acknowledge that a credit reference report will be obtained from Baycorp Advantage Limited.
I / We agree that this information shall remain the property of the Credit Union.

SIGNATURE of Applicant: _____ **Date:** / /

SIGNATURE of Co-Applicant: _____ **Date:** / /

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 the Privacy Act, 1988 (Commonwealth). This includes:

- ▶ 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 driver's license 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 the 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.

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

1. Purpose of credit: The credit I am applying for is wholly or primarily for a domestic, family or household purpose; for another purpose. (Tick 1 Box).
2. Giving information to a credit reporting agency (Section 18E(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 other 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 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 reporting agency a credit report about me containing consumer credit information.
6. Access to Consumer Credit Information by Trade Insurers (Section 18K(1)(e) Privacy act 1988). If my application is for commercial credit, I consent to a trade insurer obtaining a credit report about me containing consumer credit information, in order to assess whether to insure the credit provider for the credit given to me, or the risk of providing insurance, or to assess the risk of a default by me on the credit.

First Applicant Name: _____ **Signature:** _____ **Date:** / /

Co-Applicant Name: _____ **Signature:** _____ **Date:** / /