

CHECKLIST FOR SUPPORTING DOCUMENTS

INCOME CONFIRMATION - FULL DOC LOANS

INCOME CONFIRMATION - LO DOC LOANS

Please Note: Failure to supply all supporting information will delay your application

- PAYG** ☐ Last 2 pay slips or letter from employer on company letterhead & last years group certificate or tax return
- Self Employed** ☐ 2 years full tax returns (including all financial statements and reports) including business, partnership or company tax returns and financials & ATO tax assessment notices
- Rental Income** ☐ Copy of last 2 statements or tenancy agreements
- Fact Find** ☐ Please attach your Fact Find document

- PAYG*** ☐ Lo Doc declaration (completed by borrower)
*Not available with all funders
- Self Employed** ☐ Lo Doc declaration (completed by borrower)
- Rental Income** ☐ Copy of last 2 statements or tenancy agreements

ADDITIONAL SUPPORTING INFO FOR ALL LOANS

- Purchases** ☐ Executed copy of full purchase contract including annexures
- ☐ 6 months savings history - evidenced by bank statements (if applicable)
- ☐ Evidence of funds to complete . eg bank statements, sale contracts, share certificates, statutory declaration for gifts
- ☐ First Home Owners Grant application form (if applicable)
- Refinance** ☐ 6 months current loan repayment statements
- ☐ 3 months current credit card statements
- ☐ 6 months personal loan statements or confirmation of good conduct from lender
- ☐ Most recent council rates notice

COMPANY / TRUST

Company &/or Trust Verification of Identity must be completed and submitted with application.

CUSTOMER IDENTIFICATION CHECKLIST (REFER TO PAGES 17-20)

IMPORTANT NOTE: COPY OF MEDICARE CARD REQUIRED FOR ALL APPLICATIONS

- Individual** ☐ Complete Section A and Section B
- Sole Trader** ☐ Complete Section A, Section B and Section C
- Company (Pty and Ltd)** ☐ Complete Section D, Section A (for at least ONE director) and Section B
- Company (Public)** ☐ Complete Section B only
- Trust** ☐ Complete Section E, Section D (where the trustee is a company), Section A (for at least One director of trustee company) and Section B
- Partnership** ☐ Complete Section F, Section A (for at least ONE partner) and Section B

Introducer Details

Page 2 of 21



Referred by Your Company

Group Aggregator Your Lender BDM

Broker: License Holder ☐ Yes ☐ No License No.

OR

**Credit Representative: ☐ Yes ☐ No Reference No.

OR

**Employee: ☐ Yes ☐ No

** If Credit Representative or an Employee please provide name of your license holder:

Phone or Mobile:

Fax:

Email:

If loan has been loaded via Broker Centre please quote Loan ID Number:

Did you personally interview all applicants? ☐ Yes ☐ No Have you sighted original documents? ☐ Yes ☐ No

Does Borrower require an interpreter? ☐ Yes ☐ No If yes, please advise language:

Is Standard Commission / Trail Payable? ☐ Yes ☐ No Upfront Payable % Trail Payable %

Introducers Signature:

Additional Comments:

Applicant 1

<input type="checkbox"/> Borrower	<input type="checkbox"/> Guarantor	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
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Surname:

First Name:

Middle Name:

Current Residential Address:

State: Postcode:

Residential Address After Settlement:

State: Postcode:

Current Residential Status

<input type="checkbox"/> own	<input type="checkbox"/> mortgaged	<input type="checkbox"/> renting	<input type="checkbox"/> living with parents	<input type="checkbox"/> other
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Years / Month Rent Paid \$ pw

Postal Address:

State: Postcode:

Previous Residential Address (if less than 3 years at current address)

State: Postcode:

Length of time in previous residential address

Home Telephone Work Telephone

Email Address

Mobile Date of Birth

Driver's License No.

Marital Status No. of Dependents Age of Dependents

Mother's Maiden Name

Nearest relative not living with you (must complete)

Address

State Postcode

Phone

Relationship

Applicant 2

<input type="checkbox"/> Borrower	<input type="checkbox"/> Guarantor	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
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Surname:

First Name:

Middle Name:

Current Residential Address:

State: Postcode:

Residential Address After Settlement:

State: Postcode:

Current Residential Status

<input type="checkbox"/> own	<input type="checkbox"/> mortgaged	<input type="checkbox"/> renting	<input type="checkbox"/> living with parents	<input type="checkbox"/> other
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Years / Month Rent Paid \$ pw

Postal Address:

State: Postcode:

Previous Residential Address (if less than 3 years at current address)

State: Postcode:

Length of time in previous residential address

Home Telephone Work Telephone

Email Address

Mobile Date of Birth

Driver's License No.

Marital Status No. of Dependents Age of Dependents

Mother's Maiden Name

Nearest relative not living with you (must complete)

Address

State Postcode

Phone

Relationship

	Address	State	Postcode	Value
Property 1				\$
Property 2				\$
Property 3				\$
Property 4				\$

	Make	Model	Year	Value
Vehicle 1				\$
Vehicle 2				\$
House Contents				\$
Shares / Others / Detail				\$

Cash at Bank

	Bank	Branch	Value
Account 1			\$
Account 2			\$
Other			\$
(gifts, termination payments)			\$
Provide Details:			\$
Superannuation			\$
Misc. (Trade Tools, Boat, etc.)			\$
Are you a guarantor for any other loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL	\$
If yes, please provide details:			

Home Loans

		Limit	Int. rate	Total owing	Min. monthly	To be paid out	
	Lender					Yes	No
Property 1	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property 2	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property 3	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property 4	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Loans / Leases

		Limit	Int. rate	Total owing	Min. monthly	To be paid out	
	Lender					Yes	No
	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Credit Cards

		Limit	Int. rate	Total owing	Min. monthly	To be paid out	
	Lender					Yes	No
Bank 1	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank 2	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank 3	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Retail Store Cards / Interest Free Facility

		Limit	Int. rate	Total owing	Min. monthly	To be paid out	
	Lender					Yes	No
Card 1	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card 2	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rent / Board

Tax Liability

Family Maintenance (if applicable)

HECS / HELP Payments

TOTAL

\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>

Applicant 1

Employment status:

<input type="checkbox"/> PAYG Employee	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Casual
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Home Duties
<input type="checkbox"/> Contractor	<input type="checkbox"/> Temporary	<input type="checkbox"/> Not Employed
<input type="checkbox"/> Retired	<input type="checkbox"/> Student	Others <input type="text"/>
<input type="checkbox"/> Govt. Benefit Recipient	<input type="checkbox"/> Family Business	

Occupation: Employment sector or nature of business: Employer / Company name and address: State: Postcode:

Employer contact name and phone number (HR/Payroll contact):

Employer email: Time at current employment: Years MonthsAverage hours per week (if casual or part time): HoursAnnual Income: \$ **If current employment is less than 6 months.**Is applicant on probation? ☐ Yes ☐ NoIf yes, date probation ends: **If employed or in business for less than 2 years, please provide previous employment details.**

Previous occupation and industry:

Previous Employment Status: Employer / Company name and address: State: Postcode: Time at current employment: Years Months**If applicant has an alternate or additional source of income on which they rely, eg. rent, investments, second job, government benefits, etc. Please provide details:**Annual Income: \$ Does the applicant intend to change their current employment or business in the short-term? ☐ Yes ☐ NoIf yes, provide details:

Applicant 2

Employment status:

<input type="checkbox"/> PAYG Employee	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Casual
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Home Duties
<input type="checkbox"/> Contractor	<input type="checkbox"/> Temporary	<input type="checkbox"/> Not Employed
<input type="checkbox"/> Retired	<input type="checkbox"/> Student	Others <input type="text"/>
<input type="checkbox"/> Govt. Benefit Recipient	<input type="checkbox"/> Family Business	

Occupation: Employment sector or nature of business: Employer / Company name and address: State: Postcode:

Employer contact name and phone number (HR/Payroll contact):

Employer email: Time at current employment: Years MonthsAverage hours per week (if casual or part time): HoursAnnual Income: \$ **If current employment is less than 6 months.**Is applicant on probation? ☐ Yes ☐ NoIf yes, date probation ends: **If employed or in business for less than 2 years, please provide previous employment details.**

Previous occupation and industry:

Previous Employment Status: Employer / Company name and address: State: Postcode: Time at current employment: Years Months**If applicant has an alternate or additional source of income on which they rely, eg. rent, investments, second job, government benefits, etc. Please provide details:**Annual Income: \$ Does the applicant intend to change their current employment or business in the short-term? ☐ Yes ☐ NoIf yes, provide details:

FINANCIAL DEPENDENTS

Number of financial dependents:

Age of dependents:

Total monthly fixed costs for financial dependents: \$

Estimated monthly variable costs financial dependents: \$

TOTAL MONTHLY COSTS (A+B) \$

How long does applicant expect to continue to support their financial dependents? Years Months

Number of financial dependents:

Age of dependents:

Total monthly fixed costs for financial dependents: \$

Estimated monthly variable costs financial dependents: \$

TOTAL MONTHLY COSTS (A+B) \$

How long does applicant expect to continue to support their financial dependents? Years Months

POWER OF ATTORNEY

Will the loan contract be executed under Power of Attorney? ☐ Yes ☐ No

If yes, please provide the following details:

Full Name DOB:

Residential Address

COMPANY &/OR TRUST

If applying for a Company and/or Trust loan, the following must be completed in full.

Registered Company / Trust name: <input type="text"/>		Business address: <input type="text"/>	
Registered address: <input type="text"/>		State: <input type="text"/>	Postcode: <input type="text"/>
State: <input type="text"/>	Postcode: <input type="text"/>	ACN Number: <input type="text"/>	
Current Industry <input type="text"/>	Full name of Trustee/s:		
Company is registered by ASIC as:			
<input type="checkbox"/> Proprietary Company <input type="checkbox"/> Public Company			
If registered as a proprietary company, please list the name of each Director:			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Full name of Beneficiaries:			
1. <input type="text"/>			
2. <input type="text"/>			

INCOME / EXPENDITURE - SELF EMPLOYED APPLICANTS

The following information will provide a snapshot of the self employed applicant's financial position for:

☐ Applicant 1 ☐ Applicant 2 ☐ Both

Previous Financial Year:

Sales	\$
Less cost of goods sold	\$
Gross profit	\$
Operating expenses	\$
NET PROFIT BEFORE TAX	\$
ADD BACKS	
One off expenses	\$
Interest	\$
Depreciation	\$
Directors salaries and fees	\$
Other _____	\$
SUBTOTAL	\$
Less tax	\$
TOTAL	\$

Current Financial Year:

Sales	\$
Less cost of goods sold	\$
Gross profit	\$
Operating expenses	\$
NET PROFIT BEFORE TAX	\$
ADD BACKS	
One off expenses	\$
Interest	\$
Depreciation	\$
Directors salaries and fees	\$
Other _____	\$
SUBTOTAL	\$
Less tax	\$
TOTAL	\$

ADDITIONAL INFORMATION

In relation to current business, is the applicant aware of anything which may adversely affect this and their ability to meet their current and future financial obligations? If yes, provide details below.

☐ Yes ☐ No

Has there been consistent income over the last 2 years? If not, what are the reasons?

☐ Yes ☐ No

ACCOUNTANT'S DETAILS

Accounting Firm:

Contact Phone Number:

Contact Name:

Email Address:

Total Loan: \$ Proposed Settlement Date: FHOG required at settlement: ☐ Yes ☐ No

Lender 1 Lender 2

Loan 1 Variable / Fixed Years PI / Int Only Years Indicative Rate % Term Loan / LOC

\$

Purpose: ☐ Purchase ☐ Refinance ☐ Construction ☐ Owner occ ☐ Investment ☐ Other:

Optional Features: ☐ Cheque book ☐ Deposit book ☐ Offset account ☐ Debit Card

☐ Secured Visa flexible option only Preferred limit: ☐ Unsecured Visa flexible option only Preferred limit:

Loan 2 Variable / Fixed Years PI / Int Only Years Indicative Rate % Term Loan / LOC

\$

Purpose: ☐ Purchase ☐ Refinance ☐ Construction ☐ Owner occ ☐ Investment ☐ Other:

Optional Features: ☐ Cheque book ☐ Deposit book ☐ Offset account ☐ Debit Card

☐ Secured Visa flexible option only Preferred limit: ☐ Unsecured Visa flexible option only Preferred limit:

Loan 3 Variable / Fixed Years PI / Int Only Years Indicative Rate % Term Loan / LOC

\$

Purpose: ☐ Purchase ☐ Refinance ☐ Construction ☐ Owner occ ☐ Investment ☐ Other:

Optional Features: ☐ Cheque book ☐ Deposit book ☐ Offset account ☐ Debit Card

☐ Secured Visa flexible option only Preferred limit: ☐ Unsecured Visa flexible option only Preferred limit:

Loan 4 Variable / Fixed Years PI / Int Only Years Indicative Rate % Term Loan / LOC

\$

Purpose: ☐ Purchase ☐ Refinance ☐ Construction ☐ Owner occ ☐ Investment ☐ Other:

Optional Features: ☐ Cheque book ☐ Deposit book ☐ Offset account ☐ Debit Card

☐ Secured Visa flexible option only Preferred limit: ☐ Unsecured Visa flexible option only Preferred limit:

DETAILS OF SOLICITOR / CONVEYANCER / ACTING FOR SELF

Company:

Address:

State: Postcode:

Contact: Phone: Fax:

APPLICATION FEES

Amount Due: \$ Paid by: ☐ Cash ☐ Cheque ☐ VISA ☐ Mastercard

Credit Card Number: Expiry Date:

Cardholder's Name: Cardholder's Signature:

All credit card payments will attract a surcharge of 1.5%

CONSTRUCTION DETAILS

Builder's Name:

Phone: Amount of Construction:

Property Details 1

Security for Loan ☐ 1 ☐ 2 ☐ 3 ☐ 4 Purchase Price / Estimated Value: Purpose: ☐ Owner Occupied ☐ Investment

Property Address: State: Postcode:

Title Particulars: Names to be on title:

Contact Details for Access: Phone:

Please provide details of your insurance and supply a Certificate of Currency.

Name of Company:

Due Date: Policy number: Cover amount:

Property Details 2

Security for Loan ☐ 1 ☐ 2 ☐ 3 ☐ 4 Purchase Price / Estimated Value: Purpose: ☐ Owner Occupied ☐ Investment

Property Address: State: Postcode:

Title Particulars: Names to be on title:

Contact Details for Access: Phone:

Please provide details of your insurance and supply a Certificate of Currency.

Name of Company:

Due Date: Policy number: Cover amount:

Property Details 3

Security for Loan ☐ 1 ☐ 2 ☐ 3 ☐ 4 Purchase Price / Estimated Value: Purpose: ☐ Owner Occupied ☐ Investment

Property Address: State: Postcode:

Title Particulars: Names to be on title:

Contact Details for Access: Phone:

Please provide details of your insurance and supply a Certificate of Currency.

Name of Company:

Due Date: Policy number: Cover amount:

Property Details 4

Security for Loan ☐ 1 ☐ 2 ☐ 3 ☐ 4 Purchase Price / Estimated Value: Purpose: ☐ Owner Occupied ☐ Investment

Property Address: State: Postcode:

Title Particulars: Names to be on title:

Contact Details for Access: Phone:

Please provide details of your insurance and supply a Certificate of Currency.

Name of Company:

Due Date: Policy number: Cover amount:

Nomination Regarding Notices and Other Documents

Page 11 of 21



(Section 194(9), National Credit Code. Regulation 111, National Consumer Credit Protection Regulations)

I / We nominate

to receive notices and other documents under the National Credit Code on behalf of me / all of us.

(Full name of person nominated)

IMPORTANT

Each person who has signed this nomination form is entitled to receive a copy of any notice or other document under the Code.

By signing this form you are giving up the right to be provided with information direct from the credit provider.

Any person who has signed this nomination form can advise the credit provider at any time in writing that they wish to cancel their nomination.

Signature of person making nomination

Signature of person making nomination

Full name of person making nomination

Full name of person making nomination

Residential address of person making nomination:

Residential address of person making nomination:

State:

Postcode:

State:

Postcode:

Date of nomination form signed:

Date of nomination form signed:

IMPORTANT INFORMATION

Applicant 1

Has legal action being instituted against you for default under any credit contract in the last 5 years? ☐ Yes ☐ No

If yes, please provide details:

Are you now, or have you ever been bankrupt? ☐ Yes ☐ No

If yes, what was your bankruptcy discharge date?

If yes, please provide further details:

Applicant 2

Has legal action being instituted against you for default under any credit contract in the last 5 years? ☐ Yes ☐ No

If yes, please provide details:

Are you now, or have you ever been bankrupt? ☐ Yes ☐ No

If yes, what was your bankruptcy discharge date?

If yes, please provide further details:

PRIVACY PROTECTION OF INFORMATION

Consent and acknowledgment, disclosure statement and your personal information.

Australian First Mortgage Pty Ltd (AFM) ABN 30 350 087 359, LoanAxis Pty Ltd (LA) ABN 43 116 112 184, Australian Credit Licence 386494, and interested parties collect your information to assess your application to provide you with the loan product or service that you have requested.

Collection of some of the personal information is required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. If I / We do not provide any part of the personal information, it may not be possible to assess my / our application for credit or lenders' mortgage insurance, and as a consequence finance may not be provided. Note: should you provide incomplete or fraudulent information we may not be able to provide you with the service or product that you require. The Interested parties may also use your personal information to carry out marketing activities, research and product development.

I / We consent to the originator or credit provider disclosing my / our personal information to a third party who provides services in respect of verification for AML/CTF purposes.

AFM / LA and the Interested Parties may collect and use personal information about me / us if an application is successful, provide and administer the provision of credit to me / us and obtain a guarantee; assess the risk of providing lenders' mortgage insurance in respect of credit which may be provided to me / us (including the risk of the Guarantor(s) being unable to meet a liability that might arise under a guarantee); if insurance is provided, administer or vary any lender's mortgage cover provided; assess and manage risk, involving credit scoring and portfolio analysis; comply with legislative and regulatory requirements; and disclose to another person in connection with funding financial accommodation by means of an arrangement involving securitisation, or any other proposed transfer of or proposed dealing with my / our loan.

Your personal information is treated with privacy and will only be shared with those organisations to which we require a service, opinion or to exchange information (even though some organisations may be overseas). eg. mailing houses or solicitors.

Other disclosures include credit reporting agencies, mortgage insurers, trust managers, introducers, IT service providers, trader insurers, mortgage originators, financial consultants, accountant, valuers, general insurers, life insurers, funders, lawyers and other external advisers, including my / our employer or legal and financial advisers, conveyancers and collection agents, reinsurers, debt collectors and government Authorities and other regulatory bodies. Your personal details may also be disclosed to other companies within the AFM / LA group, where confidentiality will be maintained at all times. We do not sell, rent or trade your personal information. In most circumstances you can gain access to your information; should you wish to do so, please contact AFM / LA on (02) 9643 4300.

In accordance with Section 18N(1)(b) of the Privacy Act, I / We authorise AFM / LA to give and obtain from credit providers named in this credit application, and credit providers that may be named in a credit report issued by a credit report agency. Information about my / our credit arrangements. I / We understand 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 or receive from each other under the Privacy Act 1988. Credit information being given to a Credit Reporting Agency. Interested Parties, my / our Mortgage Manager may give information about me / us to a credit reporting agency for the following purposes - to obtain a consumer credit report about and / or to allow the credit reporting agency to create or maintain a credit for me / us, information file about me / us. The information that may be given is limited to:

- Details to identify me / us (i.e. full name, sex, date of birth, current/last known address, current/last known employer, driver's licence number)
- The fact that I / We have applied for credit and the requested amount
- The fact that the credit provider or the Mortgage Manager is a current credit provider to me / us
- Payments which become overdue more than 60 days and for which recovery action had been commenced
- Advice that payments are no longer overdue in respect of the listed default
- Cheques drawn by me / us for amounts of at least \$100 which have been dishonoured more than once
- Where in the opinion of AFM / LA and the credit provider, I / We have committed a serious credit infringement (i.e. acted fraudulently or shown an intention not to comply with my / our credit obligations)
- That the credit provided to me / us has been paid or otherwise discharged
- I / We agree that this information may be given before, during and after the provision of credit to me / us or
- Otherwise in connection with arrangements relating to lenders' mortgage insurance

OBTAINING CREDIT INFORMATION

I / We agree to enable the Interested Parties and my / our Mortgage Manager to assess my / our application for personal or commercial credit and my / our Mortgage Manager to collect payments that are overdue in respect of personal or commercial credit provided to me / us by Interested Parties, my / our Mortgage Manager and Interested Parties' Mortgage Insurers are authorised to obtain reports from a credit reporting agency or other business that provided information about credit worthiness.

I / We acknowledge that these reports may contain:

- personal information about me / us
- personal credit information about me / us
- information about my / our commercial activities or commercial credit worthiness
- information about my / our commercial credit activities
- exchanging credit worthiness information with our credit providers

I / We agree that AFM / LA may exchange or may give to or receive from

- any credit provider named in the credit application
- any credit provider named in the credit reporting agency

Any organisation involved in the process of a credit application information about my / our credit arrangements. This information may be exchanged for any of the following purposes:

- to assess an application by me / us for credit; to notify the other credit providers of a default by me / us
- to exchange information with other credit providers as to the status of this loan where I / We am in default with other credit providers to manage a loan with AFM / LA to assess my / our credit worthiness; to help me / us avoid defaulting on my / our credit obligations; to assist in the collection of overdue payments from me / us; and to exchange information with credit providers who are involved in a mortgage securitisation scheme.

I / We understand that the information exchanged can include anything about credit standing, credit worthiness, credit history and credit capacity, that credit providers are allowed to exchange under the Privacy Act 1988.

BANKERS OPINION

I / We authorise AFM / LA to give another credit provider and to receive an opinion for purposes connected with/our business, trade or profession.

Giving Information to a Guarantor

I / We authorise Interested Parties and my / our Mortgage Manager to give to a current or proposed Guarantor any credit report, notice or document, or financial or personal information about my / our credit worthiness, credit standing, credit history or credit capacity relating to, the credit facilities which are the subject of the guarantee which has been or which are the subject of the guarantee which has been or which is proposed to be provided to Interested Parties and, any other facility I / We or have had with Interested Parties during the previous 2 years. This extends to the disclosure of copies of notices or documents relating to the credit application (including any proposed or actual credit contract) and the disclosure of relevant information about the progress of the credit facility, including details of any variation of a credit contract, copies of statements, details of any arrears, overdrawings and dishonours that have or may occur, as well as enforcement of the guarantee and / or security. The information may be given for the purpose of the proposed guarantor deciding whether to act as a guarantor provider, and to keep the guarantor informed about the guarantee and credit facility.

GUARANTORS ONLY: AUTHORITY TO OBTAIN CREDIT INFORMATION ABOUT GUARANTOR

In accordance with section 18K(1)© of the Privacy Act. I / We authorise AFM / LA to obtain from a credit reporting agency, a credit report containing personal credit information about me / us to assess whether to accept me / us as guarantor for personal credit or commercial credit applied for, provided to, the borrower/s named in the application.

I / We agree that if AFM / LA or Interested Parties approved the borrower/s application for credit the agreement remains in force until the credit facility covered by the borrower/s application ceases.

In accordance with section 18K(1)© of the Privacy Act. I / We authorise AFM / LA to collect payments that are overdue in respect of personal.

DECLARATION

I / We hereby confirm that the information provided throughout this application is true and correct, even if not in my / our own handwriting.

I / We understand that the decision made by AFM / LA or Interested Parties to accept or decline this application is made based on the information provided by me / us in this application.

I / We understand and agree that AFM / LA may exchange the information contained in this application with the Interested Parties or related parties in the attempt to secure finance or confirmation information provided by me / us.

I / We understand that AFM / LA or Interested Parties are not obligated to approve finance to me / us, even though they have taken reasonable measures to clarify and substantiate the details contained in this application.

I / We understand that AFM / LA may exchange the information contained in this application with the financial or related parties in the attempt to secure finance or confirmation information provided by me / us.

I / We understand that AFM / LA are not obligated to approve finance to me / us, even though they have taken reasonable measures to clarify and substantiate the details contained in this application.

I / We understand that inspection report obtained is for credit provider's benefit only. Understand that it is the credit provider's choice as to whether to make this report available to applicants. This report may not be relied upon by the applicant and it should not be assumed that the report is based upon a detailed inspection of the security offered. Details of the report is not to be taken as implying work / defects have been completed / do not exist, other than what is mentioned in the report. Liability is not accepted by Interested Parties for the contents or accuracy. That no applicant is an undischarged bankrupt. Independent legal and financial advice is recommended.

I / We acknowledge that the application fee of up to \$850 is payable by me / us and is not refundable should the loan not proceed. If AFM / LA declines the application, and no costs have been incurred then a refund of full or part fees may be available.

I / We understand that AFM / LA will formally notify us in writing of the decision.

In this notice, "Interested Parties" means:

Adelaide Bank a Division of Bendigo and Adelaide Bank Limited

ABN: 11 068 049 178; Australian Credit Licence 237879

169 Pirie Street Adelaide SA 5000. Phone 1300 652 220

Advantage Financial Services Holdings Pty Ltd (and associated entities)

ABN: 75 095 300 502

Level 10, 101 Collins Street Melbourne VIC 3000. Phone (03) 8616 1600

Advantage Financial Services Pty Ltd (and associated entities)

ABN: 36 130 012 930; Australian Credit Licence 391202

Level 10, 101 Collins Street Melbourne VIC 3000. Phone (03) 8616 1600

AFSH Nominees Pty Limited (and associated entities)

ABN: 51 143 937 437

Level 10, 101 Collins Street Melbourne VIC 3000. Phone (03) 8616 1600

Barclays Bank PLC, Australian Branch ("Barclays")

ACN: 062 449 595

Level 24, 400 George Street Sydney NSW 2000. Phone (02) 9220 6000

Challenger Mortgage Management Pty Ltd (and associated entities)

ABN: 72 087 271 109

Level 15, 255 Pitt Street Sydney NSW 2000. Phone (02) 9994 7000

Challenger Non-Conforming Finance Pty Ltd (and associated entities)

ABN: 32 107 725 486

Level 15, 255 Pitt Street Sydney NSW 2000. Phone (02) 9994 7000

J.P. Morgan Trust Australia Limited (and associated entities)

ABN: 49 050 294 052

Level 35 AAP Centre, 259 George Street, Sydney NSW 2000

First American Title Insurance Company of Australia Pty Ltd

ABN: 64 075 279 908

Po Box Q01465 QVB Post Office NSW 1230. Phone (02) 8235 4433

Genworth Finance Mortgage Insurance Pty Ltd

ABN: 60 106 974 305

Level 23, 259 George Street, Sydney NSW 2000. Phone 1300 655 422

Guardian Trust Australia Limited

ABN: 49 050 294 052

ING Bank Ltd

ACN: 000 893 292; Australian Credit Licence 229823

140 Sussex Street Sydney NSW 2000. Phone 13 16 88

National Australia Bank Limited ("NAB")

ABN: 12 004 044 937; Level 31, 500 Bourke Street, Melbourne VIC 3000

Pepper Homeloans Pty Limited

ABN: 86 092 110 079; Australian Credit Licence 286655

Level 9, 146 Arthur Street, North Sydney NSW, 2060. Phone (02) 8913 3030

Permanent Custodians Limited

ABN: 55 001 426 384

Level 4, 35 Clarence Street Sydney NSW 2000. Phone 1800 622 812

Perpetual Trustees Victoria Limited (and associated entities)

ABN: 47 004 027 258

Level 28, 360 Collins Street Melbourne, VIC 3000. Phone (03) 8628 0400

QBE Lenders Mortgage Insurance Pty Ltd

ABN: 70 000 511 071

Level 23, 50 Bridge Street Sydney NSW 2000. Phone (02) 9231 7777

Resimac Ltd

ABN: 67 002 997 935; Australian Credit Licence 247283

Level 9, 45 Clarence Street ,Sydney NSW 2000. Phone (02) 9248 0300

Perpetual Trustee Company Ltd

ABN: 42 000 001 007;

Level 12, 123 Pitt St, Sydney NSW 2000. Ph (02) 9229 9000

La Trobe Financial Asset Management Limited

ABN: 30 006 479 527

Level 25, 333 Collins St Melbourne Vic 3000. Phone 1800 707 707

Permanent Mortgages No 2 Pty Limited

ACN: 109 141 531

Level 25, 333 Collins St Melbourne Vic 3000. Phone 1800 707 707

Permanent Mortgages Pty Limited

ACN: 097 176 362

Level 25, 333 Collins St Melbourne Vic 3000. Phone 1800 707 707

Perpetual Corporate Trust Limited

ACN: 000 341 533

123 Pitt Street Sydney NSW 2000. Phone 1300 730 862

First Mortgage Company Home Loans Pty Ltd

ABN: 45 104 268 448;

Level 42, The Gateway Building, 1 Macquarie Place, Sydney NSW 2000

Origin Mortgage Management Service Pty Ltd ACN 601 349 071 ,
on behalf of Columbus Capital Pty Limited

ACN 119 531 252 (Australian Credit Licence 337303).

PRIVACY / DECLARATION SIGNATURE PANEL

I / We apply for credit. I / We and any guarantors are all aged over 18 years. The information set out in this application or otherwise provided about me / us and any guarantors is true and correct and will be relied on. I / We consent to the disclosure of this application and any loan information (including statements of account, requests for payment, etc) before, during or after the loan to any guarantor. I / We agree to pay any loan application fee, all fees and charges incurred to process the application, to obtain the valuation report about the security property and legal expenses to prepare loan and security documents. I / We acknowledge that commissions may be payable for the loan, insurance and other services provided in connection with the loan. I / We consent to my / our personal information being sent overseas to companies with whom AFM I LA is affiliated with or obtains services from.

Applicant 1

Name of Applicant 1

Date:
Signature:

Date:
Signature of witness:

Name of witness:

Address of witness:

State: Postcode:

Occupation of witness:

Guarantor 1

Date:
Signature:

Date:
Signature of witness:

Name of witness:

Address of witness:

State: Postcode:

Occupation of witness:

Applicant 2

Name of Applicant 2

Date:
Signature:

Date:
Signature of witness:

Name of witness:

Address of witness:

State: Postcode:

Occupation of witness:

Guarantor 2

Date:
Signature:

Date:
Signature of witness:

Name of witness:

Address of witness:

State: Postcode:

Occupation of witness:

EXTREMELY IMPORTANT NOTICE TO THE LOAN APPLICANT(S) EACH APPLICANT MUST COMPLETE THIS SECTION.

It is possible that your proposed loan may be regulated by the National Credit Code ("the Code"). The NCC may apply where:

- (a) credit is provided under a contract;
- (b) the applicant (debtor / mortgagor) is a natural person or strata corporation ordinarily resident in Australia and / or its territories; and
- (c) the purpose for which credit is provided is wholly or predominantly of a personal, domestic, or household use, or
- (d) purchase, renovate or improve residential property for investment purposes; or
- (e) refinance personal, domestic or household credit or to purchase, renovate or improve residential property for investment purposes.

PART A In order to determine whether or not the provisions of the NCC will apply to this loan, the Lender requires you to provide the following information:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are any of the applicant(s) natural persons as described above? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the only applicant(s) a corporation? If yes, do not complete Part B. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are any of the applicant(s) a strata corporation (being a corporation incorporated under strata title legislation, or whose issued shares confer a right to occupy land for residential purposes)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PART B The purpose of this loan is:

Loan amount sought \$

1. To purchase a property for personal use.
2. To purchase a property for investment purposes.
3. To refinance a property for personal use.
4. To refinance a property for investment purposes.
5. To purchase vacant land for personal use.
6. To purchase vacant land for investment purposes.
7. To refinance vacant land for personal use.
8. To refinance vacant land for investment purposes.
9. To purchase vacant land and construct a property for personal use.
10. To purchase vacant land and construct a property for investment purposes.
11. To refinance vacant land and construct a property for personal use.
12. To refinance vacant land and construct a property for investment purposes.
13. To provide funds for future personal use.

TOTAL

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

(section 13 (5) of the National Credit Code, regulation 68, National Consumer Credit Protection Regulations)

I / We declare that the credit to be provided to me / us by the credit provider is to be applied wholly or predominantly for business purposes; or investment purposes other than investment in residential property.

IMPORTANT

You should ONLY sign this declaration if this loan is wholly or predominantly for:

- business purposes; or
- investment purposes other than investment in residential property.

By signing this declaration you may LOSE your protection under the National Credit Code.

This declaration applies to Loan: ☐ 1 ☐ 2 ☐ 3 ☐ 4

I / We declare that I signed this declaration before entering into the above mentioned loan

Full name of person making Declaration:

Full name of person making Declaration:

Signature:

Signature:

Date Declaration signed:

Date Declaration signed:

Customer Identification Checklist

Page 17 of 21



Anti-Money Laundering & Counter Terrorism Financing Act 2006

Part 2 of the Anti-Money Laundering & Counter Terrorism Financing Act 2006 requires the information in this form to be collected and verified for EACH customer application. Please ensure that you follow the relevant lender's procedures and that all photocopies of customer documents provided to your lender are clear and legible. **A 100 point ID must also be obtained on each individual.**

IMPORTANT NOTE: COPY OF MEDICARE CARD REQUIRED FOR ALL APPLICATIONS

A1 - Applicant 1

Select one: ☐ Borrower ☐ Guarantor

Full name (including middle names):

Date of Birth (dd/mm/yyyy):

Residential Address:

State:

Postcode:

Any other names known by:

A2 - Documentation to verify information

Satisfy either OPTION 1 or OPTION 2

OPTION 1 Primary Photographic Documentation
(two photo ID must be obtained) - ONE of the following:

DRIVER'S LICENCE (photographic): 40 pts ☐

State: Expiry:

Number:

AUSTRALIAN PASSPORT (not expired by more than 2 years): 70 pts ☐

Country: Expiry:

Number:

STATE OR TERRITORY OFFICIALLY ISSUED
IDENTIFICATION CARD: 40 pts ☐

Type of card:

Issued by: Expiry:

Number:

NATIONAL IDENTITY CARD (photographic): 40 pts ☐

State: Expiry:

Number:

Other (insert details):

A1 - Applicant 2

Select one: ☐ Borrower ☐ Guarantor

Full name (including middle names):

Date of Birth (dd/mm/yyyy):

Residential Address:

State:

Postcode:

Any other names known by:

A2 - Documentation to verify information

Satisfy either OPTION 1 or OPTION 2

OPTION 1 Primary Photographic Documentation
(two photo ID must be obtained) - ONE of the following:

DRIVER'S LICENCE (photographic): 40 pts ☐

State: Expiry:

Number:

AUSTRALIAN PASSPORT (not expired by more than 2 years): 70 pts ☐

Country: Expiry:

Number:

STATE OR TERRITORY OFFICIALLY ISSUED
IDENTIFICATION CARD: 40 pts ☐

Type of card:

Issued by: Expiry:

Number:

NATIONAL IDENTITY CARD (photographic): 40 pts ☐

State: Expiry:

Number:

Other (insert details):

OPTION 2 ONE photographic documentation (refer to option 1) plus
TWO secondary non-photographic documentation from B

B. TWO of the following

- | | | |
|---|--------|--------------------------|
| Birth Certificate | 70 pts | <input type="checkbox"/> |
| Citizenship Certificate | 70 pts | <input type="checkbox"/> |
| Pension/Health Care/Medicare Card issued by Centrelink | 25 pts | <input type="checkbox"/> |
| Financial Benefits Statement issued by the Commonwealth, a State or a Territory within the last 12 months | 25 pts | <input type="checkbox"/> |
| Rates Notice issued by a local government body within last 3 months | 35 pts | <input type="checkbox"/> |
| Records of public utility, phone, water, gas or electricity | 25 pts | <input type="checkbox"/> |

B - Transaction Information

Location of asset being purchased with the loan (if any):

Address of security property (if any):

State: Postcode:

Source of funds for repayment or investment (provide details of account):

C - Sole Trader

Collect information and verify the identity of the individual as per Part A1 and A2 above ☐

Collect the Transaction Information as per Part B above AND collect the following (no need to verify) ☐

Full name of business:

Principal place of business:

ABN issued to the business:

OPTION 2 ONE photographic documentation (refer to option 1) plus
TWO secondary non-photographic documentation from B

B. TWO of the following

- | | | |
|---|--------|--------------------------|
| Birth Certificate | 70 pts | <input type="checkbox"/> |
| Citizenship Certificate | 70 pts | <input type="checkbox"/> |
| Pension/Health Care/Medicare Card issued by Centrelink | 25 pts | <input type="checkbox"/> |
| Financial Benefits Statement issued by the Commonwealth, a State or a Territory within the last 12 months | 25 pts | <input type="checkbox"/> |
| Rates Notice issued by a local government body within last 3 months | 35 pts | <input type="checkbox"/> |
| Records of public utility, phone, water, gas or electricity | 25 pts | <input type="checkbox"/> |

B - Transaction Information

Location of asset being purchased with the loan (if any):

Address of security property (if any):

State: Postcode:

Source of funds for repayment or investment (provide details of account):

C - Sole Trader

Collect information and verify the identity of the individual as per Part A1 and A2 above ☐

Collect the Transaction Information as per Part B above AND collect the following (no need to verify) ☐

Full name of business:

Principal place of business:

ABN issued to the business:

D - Company (Pty and Ltd, but not listed companies)

Collect the name of ALL directors ☐

Collect information and verify the identity of ALL directors as per Part A1 and A2 above ☐

Collect the Transaction Information as per Part B above ☐

Collect the personal information in A1 for ALL shareholders owning more than 25% of the company (no need to verify under A2) AND collect the following (no need to verify) ☐

Full name of company as registered by ASIC:

ACN issued to the company:

Full address of the company's registered office:

State: Postcode:

Full address of the company's principal place of business:

State: Postcode:

E - Trust

If the trustee(s) is an individual, collect information and verify the identity as per Part A1 and A2 above for EACH individual trustee ☐

If the trustee(s) is a company, collect and verify information as per Part D ☐

Collect the Transaction Information as per Part B above AND collect the following (no need to verify): ☐

Full name of the trust:

Type of trust (eg unit, discretionary, hybrid):

Country Trust was established:

Unless the trust is widely held (10 or more unit holders), the full name of each beneficiary or a description of the class of beneficiaries of the trust:

ABN of Trust (if applicable)

D - Company (Pty and Ltd, but not listed companies)

Collect the name of ALL directors ☐

Collect information and verify the identity of ALL directors as per Part A1 and A2 above ☐

Collect the Transaction Information as per Part B above ☐

Collect the personal information in A1 for ALL shareholders owning more than 25% of the company (no need to verify under A2) AND collect the following (no need to verify) ☐

Full name of company as registered by ASIC:

ACN issued to the company:

Full address of the company's registered office:

State: Postcode:

Full address of the company's principal place of business:

State: Postcode:

E - Trust

If the trustee(s) is an individual, collect information and verify the identity as per Part A1 and A2 above for EACH individual trustee ☐

If the trustee(s) is a company, collect and verify information as per Part D ☐

Collect the Transaction Information as per Part B above AND collect the following (no need to verify): ☐

Full name of the trust:

Type of trust (eg unit, discretionary, hybrid):

Country Trust was established:

Unless the trust is widely held (10 or more unit holders), the full name of each beneficiary or a description of the class of beneficiaries of the trust:

ABN of Trust (if applicable)

F - Partnership

Collect information as per Part A1 for all partners

☐

Verify the identity as per Part A1 and A2 for ALL partners

☐

Collect the Transaction Information as per Part B above
AND collect the following (no need to verify)

☐

Full name of partnership:

Full address of partnership's principal place of business (if any):

State:

Postcode:

Country Partnership was Registered:

Registered business name of partnership (if any):

ABN of Partnership (if applicable):

TOTAL POINTS (Applicant 1):

F - Partnership

Collect information as per Part A1 for all partners

☐

Verify the identity as per Part A1 and A2 for ALL partners

☐

Collect the Transaction Information as per Part B above
AND collect the following (no need to verify)

☐

Full name of partnership:

Full address of partnership's principal place of business (if any):

State:

Postcode:

Country Partnership was Registered:

Registered business name of partnership (if any):

ABN of Partnership (if applicable):

TOTAL POINTS (Applicant 2):

I declare:

The documentation provided is current or within acceptable time frames

☐

All photographic identification is a "reasonable likeness" to the individual

☐

Nothing in my dealings with the customer have raised any suspicions concerning the proposed transaction

☐

Face to face verification of the customer was carried out by me

☐

Face to face verification of the customer was carried out at:

Face to face verification was not possible because (state reason):

Customer Name 1:

Customer Name 2:

Signature 1:

Signature 2:

Originator / Introducer Name:

Originator / Introducer's Signature:

Date: