

## Please contact iLoans Australia on 0404 303 316 for assistance. We can answer any questions to help fill out the form.

## **Enquiry for Finance**

	Date		Time		В	roker				Referre	er			
	Advertising	Source	of End	quiry:										
	Yellow Pag	ges $\square$	Pr	int 🔲 🗇	rv 🗌	Radio	o 🔲 Intern	et _		Other Spec	eify:			
							Client Objec	tives						
	Purpose and													
•	Requireme													
	Amount	Require	ed N	Iax Repayı	ment	Term	Repa	ymer	nt Fr	requency		-	Loan Pur	pose
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			Good	ds being P	ırchase	d				Amo	ounts t	o be Fi	inanced	
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X	Make				Ye	ear		Less	s De	eposit			\$	
	Model				Ma	anual/Auto		Less	s Tra	ade			\$	
	Body				K1	ns				ade Payout			\$	
	Extras					iel Type			_	hensive Ins			\$	
	Supplier				Co	olour				ner Credit Ir	nsurano	ee	\$	
	Other			T. 1 D.	*1					surance			\$	
				Trade Det						ical Breakd	lown Ir	ıs.	\$	
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	Model							Oth					\$	
	Financed by	У						Tota	al Aı	mount to be	Finan	ced	\$	
	Personal Details: Client 1 & 2 Home/Mobile Phone #'s						hone #'s							
	Surnan	ne			Given	Names								
<	1													
X	2													
	Email Ad	ldress												
	Gende	er	Mari	tal Status	D	OB	Licence N	0.		Expiry	D	epend	ents	Ages
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	1 Resid	lency St	atus	Citizen [	Pe	ermanent	Resident $\square$	W	/ork	ing Visa 🛘	Lice	nce Ca	rd No:	
	2 Resid	lency St	atus	Citizen	] P	ermanent	Resident			ing Visa 🗆	Ot	her:		
	Client 1: 0	Current	& Prev	vious Addr	esses -	3 year hi	story				Resi	dential	Status	Years/Mths
X	1													/
	2													/
	3													/
	Client 2:	Current	& Pre	vious Add	resses						Resi	dential	Status	Years/Mths
×	1													/
	2													/
	3													/
	Residential	Status	Ownec	d 🔲 Buvi	ing 🔲	Rented	☐ Boarding		Li	ving with R	Relative	es 🔲	Employe	r Provided $\Box$
X	Mortgagee/			<u> </u>	<u> </u>			, <del></del> _					ge/Lease	
X	Address										Mthly	Pmts	\$	
											Phone	#		

					3 Year l	Employ	ment Histo	ry: Cli	ent 1	& 2			
X	1	Occupation					S	Status	FT	PPT	Casua	ıl 🔲 Sel	f $\square$
×	2	Occupation					S	status	FT	PPT	Casua		f $\square$
	(	Client 1: Employer	s Nar	ne & Addre	ess				Empl	oyers Co	ntact Name		
×	1												
	-	Years/Mths		/	Net Salary	\$		Freque	onov	Т <b>х</b> уу Г	<b>.</b> 1 5/ · 1 / [		  1,7
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-	_	Occupation Client 2: Employer	'a Na	ma & Addr	Yrs/Mths		/		[mn]	ovvora Cor	to at Nama	Pr Dhana 4	1
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L		Occupation			Yrs/Mths		/						
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Ī	Γr	ading Name							A.B.	.N.			
		ompany Name							A.C.				
	Гу	pe of Business							Trus	tee/s			
L		ecountant Name											
4	Αc	ddress & Phone #											
Γ	Banking Details: Cli												
F		Ban	k		Dunkn		Branch	1 & 2			Account	Type	
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			C	omprehen	nsive Insura	nce - C	Quote Reque	ested `	Yes	□ No			
	Current Insurer				Ratir	ng				How long held?			
	Licence suspended/cancelled/restricted?				¹? Yes □	No 🗆		Insurance declined? Yes No No				No 🗆	
		Criminal Cor	Criminal Convictions? Yes No					At fault accidents? Yes No No					
Γ						Ref	erences			·			
		Pe	rsona	l Referenc	e			Ne	arest	Relative	(Not Living w	ith Applicant)	
×	Vai						Name				, 5	11 )	
		dress					Address						,
		burb					Suburb						, ,
		one #					Phone #						

		Credit Exp	perience - any	current or rec	ently finalis	ed loans (exclud	ling mortgage	es)	
-  -  -	Company / Branch	Name Account In	Date Opened	Amount Borrowed (\$)	Purpose or Type	Monthly Payments (\$)	Balance if Current (\$)	Date Paid if PIF	
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				Assets and L	iabilities				
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			Assets and	Liabilities					
	Liabilities	and commitmen	ts		Assets				
Liabilities	Amount (\$000)	Owing to	Mthly Pmts (\$)	Credit Limit(\$)	Assets	Details	Value (\$)		
Mortgage 1					Home			X	
Mortgage 2					Inv. Property				
Loan 1					Furniture etc.				
Loan 2					Vehicle				
Personal Loan					Bike				
Credit Card 1					Boat				
Credit Card 2					Cash				
Overdraft					Investments				
Other 1					Other 1				
Total Liabilities		Total Pmts			Total Assets				
Net Worth									

Capacity Assessment (Office Use Only) (Monthly Income / Expenditure Details Supplied by the Client)							
Expenditure		Income					
Total Monthly Payments (Total payments from above \$ less any finance payment that will be paid out as part of a trade-in / refinance \$	\$	Net Income Applicant 1 (Annual Gross Income \$	\$				
Living Expenses (client supplied)	\$	Net Income Applicant 2 (Annual Gross Income \$	\$				
Rent or Equivalent	\$	Family Tax Benefit	\$				
Child Support	\$	Interest / Dividends	\$				
Proposed New Commitment	\$	Other Income	\$				
Total Monthly Expenses	\$	Total Monthly Income	\$				
	*	Surplus / Deficiency	\$				

Explanatory Notes or Additional Information (Include details of other income)

## **HOUSEHOLD LIVING EXPENSES**

	Name:	Weekly
### VIDITURES & ARTS  1. UTILITIES & ARTS  1. UTILITIES & ARTS  1. UTILITIES & ARTS  2. UTILITIES & ARTS - Investment Properties  Utilities, Body Corporate & Strata Fees, Rates, taxes & levies, Repairs & Maintenance, Other household items  2. UTILITIES & RATS - Investment Properties  Utilities, Body Corporate & Strata Fees, Rates, taxes & levies, Repairs & Maintenance, Other household items  3. TELEPHONE & INTERNET  Mobile Phone, Home Phone, Internet PAY TV Music Streaming Service, Video Streaming Services  4. GROCERIES  5. TECREATION & ENTERTAINMENT  For example: Alcohol, Tobacco, Gambling, Restaurant, Membership fees & subscriptions, Holidays, Pet care  For example: Clothing, Footwear, Cosmetics, Personal care etc.  7. MEDICAL & HEALTH (Excluding Health Insurance)  For example: Dottor, Dental, Optical & Pharmaceutical  8. TRANSPORT  Public Transport, Parking & tolls, Vehicle running costs (fuel, servicing)  9. EDUCATION  School fees, books, uniforms etc.  10. CHILDCARE  Childcare including Nannies (excluding child support/maintenance)  11. INSURANCE  12. OTHER (Unique items not included in above - Must be explained)  \$  **TOTAL HOUSEHOLD EXPENSES  **TOTAL HOUSEHOLD EXPENSES  **TOTAL ACCOMMODATION EXPENSES:  **MORTGAGE PAYMENTS  **RENT PAYMENTS  **SET PAYMENTS  **PAYMENTS  **TOTAL ACCOMMODATION EXPENSES:  **MORTGAGE PAYMENTS  **RENT PAYMENTS  **PAYMENTS  **TOTAL ACCOMMODATION EXPENSES  **TOTAL ACCOMMODATION EXPENSES  **TOTAL ACCOMMODATION EXPENSES  **TOTAL ACCOMMODATION EXPENSES  **Declaration (Please tick the check boxes below to confirm.)  1	Marital Status: Dependents:	Fortnightly
Utilities, Body Corporate & Strata Fees, Rates, taxes & levies, Repairs & Maintenance, Other household items  2. UTILITIES & RATES - Investment Properties Utilities, Body Corporate & Strata Fees, Rates, taxes & levies, Repairs & Maintenance, Other household items  3. TELEPHONE & INTERNET Mobile Phone, Home Phone, Internet PAY TV Music Streaming Service, Video Streaming Services  4. GROCERIS Typical supermarket shop including food & toiletries  5. RECREATION & ENTERTAINMENT For example: Alcohol, Tobacco, Gambling, Restaurant, Membership fees & subscriptions, Holidays, Pet care 6. CLOTHING & Personal Care For example: Clothing, Footwear, Cosmetics, Personal care etc.  7. MEDICAL & HEALTH (Excluding Health Insurance) For example: Doctor, Dental, Optical & Pharmaceutical  8. TRANSPORT Public Transport, Parking & toils, Vehicle running costs (fuel, servicing)  9. EDUCATION School fees, books, uniforms etc.  10. CHILDCARE 11. INSURANCE For example: Health, Life, Income Protection, Home & Contents, Motor Vehicle  12. OTHER (Unique items not included in above - Must be explained)  \$ TOTAL HOUSEHOLD EXPENSES  \$ HOUSEHOLD ACCOMMODATION EXPENSES:  WORTIGAGE PAYMENTS  \$ RENT PAYMENTS  \$ S TOTAL ACCOMMODATION EXPENSES:  WORTIGAGE PAYMENTS  \$ S TOTAL ACCOMMODATION EXPENSES  \$ Circ single applications) What percentage of the above accommodation expenses are paid by the applicant's spouse/de-facto?  96 Declaration (Please tick the check boxes below to confirm.)  1	YOUR HOUSEHOLD LIVING EXPENSES:	Monany
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Declaration (Please tick the check boxes below to confirm.)  I	TOTAL ACCOMMODATION EXPENSES	\$
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<ul> <li>My spouse/de-facto is currently employed in regular paid work;</li> <li>My spouse/de-facto does and will continue to share the accommodation expenses above in the proportion recorded above;</li> <li>I/we have no reason to consider that my partner/de-facto will become unable or unwilling to continue to share the accommodation expenses in the proportions above; and it is unlikely that there will be a material change to the expenses above, or the sharing of accommodation expenses in the foreseeable future.</li> </ul>	declare that the household the amounts above are a correct estimate of my/our household I	
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Signature: Date:	continue to share the accommodation expenses in the pro it is unlikely that there will be a material change to the expenses	portions above; and
	Signature:	Date: