

Novated Motor Vehicle Lease Agreement completion guidelines

1. Print one copy of the Novated Motor Vehicle Lease Agreement.
2. Ask the customer (Employee) to complete the fields marked on Agreement.
3. You will need to fax this to the Credit Provider for settlement to occur.
4. Once you have been advised that settlement is complete, please return the original document to the Credit Provider.

Novated Motor Vehicle Leasing

This AGREEMENT is made the _____ day of _____ month _____ year

BETWEEN

The Credit Provider

AND

Names in Full, Surname First

EMPLOYER

Address:

Suburb:

State:

Postcode:

Telephone:

Facsimile:

AND

Names in Full, Surname First

EMPLOYEE

Occupation:

Address:

Suburb:

State:

Postcode:

Telephone:

WHEREAS

- a) the Employee has executed a Lease Agreement with the Credit Provider in relation to the Goods described below and more particularly described in the Lease Agreement (a copy of which is attached and marked "Annexure A");
- b) the Employee is, as at the date of this Agreement, and is or was as at the date of the Employee's execution of the Lease Agreement, an employee of the Employer;
- c) the Employee and the Employer have agreed that as part of the Employee's remuneration or other employment benefits, and in consideration of the continuing employment of the Employee, the Employer will assume the obligations of the Employee to make the rental payments described in the Lease Agreement and that become due during the Novation Period;
- d) all of the parties to this Agreement agree to novate the Lease Agreement in the manner set out in this Agreement and in accordance with the terms and conditions set out in this Agreement.

GOODS DESCRIPTION

| New/Used | Make | Model | Colour |
|------------------------------------|------|-------------------|------------------|
| | | | |
| Goods/Vehicle ID (VIN)/Chassis No. | | Engine/Serial No. | Registration No. |
| | | | |

Name & address of the Employer

Name & address of the Employee

The 4 pages of the Novated Motor Vehicle Lease Agreement must be faxed to the Credit Provider

IN WITNESS WHEREOF the parties have set their hands and seals on the date of this Agreement

DATED

This _____ day of _____ month _____ year

EMPLOYER

Executed by (Name of Company)

in accordance with section 127 of the Corporations Act 2001 (Cth):

Signature of Director

Signature of Secretary

Name of Director

Name of Secretary

OR Signed for and on behalf of the Employer:

Signature (and Print Name)

Witness Signature (and Print Name)

EMPLOYEE

Signature of Employee (and Print Name)

Witness Signature (and Print Name)

CREDIT PROVIDER

SIGNED for an on behalf of the Credit Provider

Leave this signature area blank. The Credit Provider will complete this

Employer's signatories

Customer's signature

Witness of Employer's signature

Witness of Customer's signature