

APPLICATION CHECKLIST CONSUMER FINANCE
Application form should be completed including:
Full Particulars of Individuals
Asset & Liabilities statements
Monthly income - supported by Recent payslips with YTD or 3 mths bank statements
Monthly Liabilities to be completed
Current schedule of finance commitments (if applicable)
Tax return and notice of assessment for (self–employed customers)
☐ Verbal or signed privacy
Copy of Driver's Licence
Copy of Medicare card
Proof of other income when stated (rental, etc)
Trust deed (If Trust ABN used)
please use the most current applications /privacy forms located at: http://www.anz.com.au/small-business/broker/commercial/asset-finance/forms/

SUBMITTING YOUR APPLICATION

FOR COMMERCIAL BROKER USE ONLY

Complete this application and fax with supporting documentation to your ANZ Relationship Manager. Please ensure you attach:	Your ANZ Relationship Manager is:
,	Name
Privacy Consent Form	Phone
Guarantor Assessment Checklist (if a third party guarantor is being provided)	Thore
Copy of Quote (required for all applications)	Email
Supporting documentation (refer check list)	
Does customer have adverse credit file?	Fax
BROKER DETAILS	
Broker Firm	Broker Name
Source of Business Number (SOB)	Date
Phone Number	Mobile
()	
Fax Number	Email
()	
APPLICANT DETAILS	
Tick as applicable	
☐ INDIVIDUAL APPLICATION ☐ JOINT CUSTOMER ☐ SOLE TRADER	GUARANTOR/S Number of Guarantors
Applicant 1 – Personal Details	Applicant 2 – Personal Details (if applicable)
First Name	First Name
Second Name	Second Name
Surname	Surname
Gender Privacy Consent	Gender Privacy Consent
☐ Male ☐ Female ☐ Yes ☐ No	☐ Male ☐ Female ☐ Yes ☐ No
Date of Birth	Date of Birth
Country of Citizenship	Country of Citizenship
Other Country of Citizenship (if applicable)	Other Country of Citizenship (if applicable)
Marital Status	Marital Status
Number of Dependents	Number of Dependents
Drivers Licence Number	Drivers Licence Number
Existing Esanda Customer?	Existing Esanda Customer?
└ Yes └ No	☐ Yes ☐ No
If Yes, Contract No	If Yes, Contract No
or Registration No	or Registration No

APPLICANT DETAILS (cont.)

Applicant 1 – Address De	tails		Applicant 2 – Address D	etails (if different from	1)
Address			Address		
Suburb	State / Territo	ory Postcode	Suburb	State / Terri	tory Postcode
Phone (home)			Phone (home)		
()			()		
Phone (business)			Phone (business)		
()			()		
Mobile			Mobile		
			es		
Residential Status			Residential Status		
Own Mo	ortgage Re	ent	Own N	Mortgage \Box	Rent
	ployer Subsidised			Employer Subsidised	
Duration at Address	Years	Months	Duration at Address	Years	Months
Previous Address (if less th	an 3 years in current)		Previous Address (if less t	than 3 years in current)	
Address			Address		
Suburb	State / Territo	ory Postcode	Suburb	State / Terri	tory Postcode
Duration at Address	Years	Months	Duration at Address	Years	Months
Employment Details			Employment Details		
		sual			Casual
Self Employed No	t Employed		Self Employed In	Not Employed	
Occupation			Occupation		
Name of Employer			Name of Employer		
Address			Address		
Suburb	State / Territo	ory Postcode	Suburb	State / Terri	tory Postcode
Phone			Phone		
()			()		
Contact Name			Contact Name		
- Contract Hunne			Contact Hame		
Position			Position		
i osition			1 031(1011		
Duration of Employment	Years	Months	Duration of Employment	Years	Months
Duration of Employment	i ears	IVIOTILIIS	Duration of Employment	i edis	MOTITIS

APPLICANT DETAILS (cont.)

Previous Employment (if less than 3 years in current)	Previous Employment (if less than 3 years in current)		
Occupation	Occupation		
Employer	Employer		
Duration of Employment Years Months	Duration of Employment Years Months		
Spouse Details	Spouse Details		
First Name	First Name		
Second Name	Second Name		
Surname	Surname		
Date of Birth	Date of Birth		
Drivers Licence Number	Drivers Licence Number		
Occupation	Occupation		
Employer	Employer		
☐ Full Time ☐ Part Time ☐ Casual ☐ Self Employed ☐ Not Employed	☐ Full Time ☐ Part Time ☐ Casual ☐ Self Employed ☐ Not Employed		
Duration at Employment Years Months	Duration at Employment Years Months		
Net Monthly Income	Net Monthly Income		
\$	\$		
Note: Guarantors will also need to complete personal and financial details	s sections (refer to end of application)		
Applicant 1 - Self Employed Details (if applicable)	Applicant 2 - Self Employed Details (if applicable)		
ABN	ABN		
Trading Name	Trading Name		
Trust Name	Trust Name		
Type of Trust (ie. Family Trust, Discretionary Trust etc)	Type of Trust (ie. Family Trust, Discretionary Trust etc)		
Full Name of the Settlor of the Trust	Full Name of the Settlor of the Trust		
Nature of Business	Nature of Business		
Address	Address		
Suburb State / Territory Postcode	Suburb State / Territory Postcode		
Phone Number	Phone Number		

FINANCIAL DETAILS

Monthly Income Applicant 1		Personal Assets (combined)	
Monthly Income (after tax)	\$	Cash at Bank (excl. deposit)	\$
OR Net Profit (before tax) yearly	\$	Home Value	\$
months to	(dd/mm/yy)	Other Property Value	\$
Depreciation	\$	Motor Vehicle(s)	\$
Overtime	\$		
Other Income (Rental/Commission)*	\$	Plant & Equipment	\$
* Details of other income		Household Effects	\$
		Business Assets	\$
		Debentures	\$
Monthly Income Applicant 2		Term Deposit	\$
Monthly Income (after tax)	\$	Debtors	\$
OR Net Profit (before tax) yearly	\$	Other Assets*	\$
months to	(dd/mm/yy)	*Details of other assets:	
Depreciation	\$		
Overtime	\$		
Other Income (Rental/Commission)*	\$		
* Details of other income			
Monthly Expenditure (combined)		Personal Liabilities (combined)	
Mortgage/Rent/Board	\$	Home Mortgage	\$
Other Mortgage Payments	\$	Other Property Mortgage	\$
Living Expenses	\$	Creditors	\$
Credit Cards	\$	Credit Card Limit	\$
Vehicle Expenses	\$	Overdraft Limit	\$
Home Expenses (utilities)	\$	Loans Outstanding	\$
Other Expenditure*	\$	Other Liabilities*	\$
* Details of other expenditure		*Details of other liabilities	

Details of Loans Outstanding

Financier	Instalment \$	Commencement Date	Term (months)	To be paid out (Y/N)	Contract No. (if Esanda)

GOODS TO BE FINANCED

Supplier Details	Finance Details	
Supplier Name	Facility ☐ Consumer Loan ☐ Lease ☐ H ☐ Chattel Mortgage (ABN holder only)	ire Purchase (ABN holder only)
Address	Cash Price (Incl GST)	\$
	GST Amount (as per invoice)	\$
Suburb State / Territory Postcode	Less Deposit	\$
	Less Trade-in Value	\$
Supplier Type	Plus Origination Fee (M/V only) Incl GST	\$
☐ Private Sale ☐ Refinance ☐ Sale & Buy Back ☐ Franchise Dealer ☐ Other Dealer Vehicle/Other Chattel Details	Payout Finance Company	
Goods Category	Finance Company Name	
New / Used / Demo	Plus Amount Owing	\$
New / Osed / Delilo	Total Amount Financed	\$
Year of Manufacture	Please note fees & charges may apply	<u> </u>
Teal of Manuacture	Commission/Brokerage (incl GST)	\$
Make	Base Rate	%
Marc	Writing/Customer Rate	%
Model	Term (months)	70
Model	Balloon/Residual (\$ or %)	
	Repayment Pattern	
Type: Hatch Sedan Wagon 4WD	If irregular, provide details	
Type: Hatch Sedan Wagon 4WD Utility Dual Cab Other Other – please specify	ii iiregulai, provide detalis	
Description of Goods		
Options/Accessories	Payments	
	Advance Arrears	
Manual/Automatic	Fees ☐ Financed ☐ Direct Debit ☐ Chec	QUE (Automated Voucher Sheet)
Kilometers Hours (if applicable)	State/Territory where goods will be predo	ominantly used
Engine Type: 4 cyl 6cyl 8cyl Other Fuel: Petrol Diesel LPG Other Trade-in Details: Year Make Model Type	Payment Method: Direct Debit BPAY	
Registration Number:		

ADDITIONAL TRUSTEES AND TRUST BENEFICIARY DETAILS

If Trust please supply a list of all other Trustees of your Trust and details of all beneficiaries or classes of beneficiaries with interests in Trust Assets (if applicable).

Note: Additional Trustees and Trust Beneficiary Details must not be left blank. If the Guarantor is a Trust and there are no additional entities to be entered in Additional Trustees and Trust Beneficiary Details above, you must write N/A in these fields.

Full Name of the Settlor of	of the Trust	
Full Name		Type: Please tick ✓
		☐ Trustee
Street Address		Beneficiary
		☐ Beneficial Owner
Suburb	State / Territory Postcode	Class of Beneficiary (Please Specify)
Full Name		T 0
T dil Mairie		Type: Please tick ✓ ☐ Trustee
Cture at Adduses		
Street Address		☐ Beneficiary ☐ Beneficial Owner
		beneficial Owner
Suburb	State / Territory Postcode	Class of Beneficiary (Please Specify)
Full Name		Type: Please tick ✓
		Trustee
Street Address		Beneficiary
		☐ Beneficial Owner
Suburb	State / Territory Postcode	Class of Beneficiary (Please Specify)

REFERENCES **Bank Reference** Nearest Living relative (not living with applicant) Bank Name Name Branch Address Suburb State / Territory Postcode Account Type **Phone Number Personal Reference** Landlord/Agent/Mortgagee Name Company Address Contact Name Branch Suburb State / Territory Postcode Phone Number Phone Number Business/Trade References (sole trader only) must provide at least 2 **Contact Person Contact Person** Company Name Company Name Phone Number Phone Number) Accountant Details (sole trader only) **Contact Person** Phone Number) Name of Accounting Firm ADDITIONAL COMMENTS

GUARANTOR DETAILS

Guarantor 1 – Personal Details			Guarantor 2 – Person	nal Details (if a	pplicable)	
First Name			First Name			
Second Name			Second Name			
Surname			Surname			
Gender		Privacy Consent	Gender			Privacy Consent
☐ Male ☐ Female		☐ Yes ☐ No	☐ Male ☐ Female	e		☐ Yes ☐ No
Date of Birth			Date of Birth			
Country of Citizenship			Country of Citizenshi	ip		
			·			
Other Country of Citizenship (if	applicable)		Other Country of Citi	zenship (if app	licable)	
Marital Status			Marital Status			
Number of Dependents			Number of Depende	nts		
Trainber of Dependents			Trainber of Bepender	ites		
Drivers Licence Number			Drivers Licence Num	her		
Dilvers Licence Number			Divers Licence Name	Dei		
Address Details Address			Address Details (if o	different from	1)	
Suburb	State / Territory	Postcode	Suburb		State / Territory	y Postcode
Phone (home)			Phone (home)			
()			()			
Phone (business)			Phone (business)			
()			()			
Mobile			Mobile			
THO SHE			Mosiic			
Residential Status			Residential Status			
Own Mortgad	ge 🗌 Rent		Own [Mortagas	☐ Re	nt
	ge Rent er Subsidised		☐ Board	MortgageEmployer St		III.
	er subsidised			Employer so	ibsidiscd	
Duration at Address	Years	Months	Duration at Address		Years	Months
Previous Address (if less than 3	vears in current)		Previous Address (if le	ess than 3 vear	s in current)	
	, 2013 111 20112111)			cos chan s year.		
Address			Address			
Suburb	State / Territory	Postcode	Suburb		State / Territory	y Postcode
Duration at Address	Years	Months	Duration at Address		Years	Months
Australia and New Zealand Banking (Group Limited (ANZ) ABN	11 005 357 522.				Page 9 of 12

Guarantor 1 – Employment Details	Guarantor 2 – Employment Details
Employment Details	Employment Details
☐ Full time ☐ Part time ☐ Casual ☐ Self Employed ☐ Not Employed	☐ Full time ☐ Part time ☐ Casual ☐ Self Employed ☐ Not Employed
Occupation	Occupation
Name of Employer	Name of Employer
Name of Employer	Name of Employer
Address	Address
Suburb State / Territory Postcode	Suburb State / Territory Postcode
Phone	Phone
()	()
Contact Name	Contact Name
Position	Position
Duration of Employment Years Months	Duration of Employment Years Months
Previous Employment (if less than 3 years at current)	Previous Employment (if less than 3 years at current)
Occupation	Occupation
Employer	Employer
Duration of Employment Years Months	Duration of Employment Years Months
Guarantor 1 - Self Employed Details (if applicable)	Guarantor 2 - Self Employed Details (if applicable)
ABN	ABN
Trading Name	Trading Name
Trading Name	rrauling Name
Trust Name	Trust Name
Type of Trust (ie. Family Trust, Discretionary Trust etc)	Type of Trust (ie. Family Trust, Discretionary Trust etc)
Full Name of the Settlor of the Trust	Full Name of the Settlor of the Trust
Nature of Business	Nature of Business
Address	Address
Address	Address
Suburb State / Territory Postcode	Suburb State / Territory Postcode
Phone Number	Phone Number
	()

GUARANTOR FINANCIAL DETAILS

Monthly Income Guarantor 1		Personal Assets (combined)	
Monthly Income (after tax)	\$	Cash at Bank (excl. deposit)	\$
OR Net Profit (before tax) yearly	\$	Home Value	\$
months to	(dd/mm/yy)	Other Property Value	\$
Depreciation	\$	Motor Vehicle(s)	\$
Other Income (Overtime/Rental)*	\$	Plant & Equipment	\$
* Details of other income		Household Effects	\$
		Business Assets	\$
		Debentures	\$
Monthly Income Guarantor 2		Term Deposit	\$
Monthly Income (after tax)	\$	Debtors	\$
OR Net Profit (before tax) yearly	\$	Other Assets*	\$
months to	(dd/mm/yy)	*Details of other assets:	
Depreciation	\$		
Other Income (Overtime/Rental)*	\$		
* Details of other income			
Monthly Expenditure (combined)		Personal Liabilities (combined)	
Mortgage/Rent/Board	\$	Home Mortgage	\$
Other Mortgage Payments	\$	Other Property Mortgage	\$
Living Expenses	\$	Creditors	\$
Credit Cards	\$	Credit Card Limit	\$
Vehicle Expenses	\$	Overdraft Limit	\$
Home Expenses (utilities)	\$	Loans Outstanding	\$
Other Expenditure*	\$	Other Liabilities*	\$
* Details of other expenditure		*Details of other liabilities	

Details of Loans Outstanding

Financier	Instalment \$	Commencement Date	Term (months)	To be paid out (Y/N)	Contract No. (if Esanda)

COMPANY GUARANTOR DETAILS (IF APPLICABLE)

Company Name	Company Type	
ABN	ACN	
Frading Name	Trust Name	
Nature of Business	Type of Trust (ie. Family Trust, Discretionary Trust etc.)	
Address	Full Name of the Settlor of the Trust	
Suburb	State / Territory	Postcode
Phone Number	Fax Number	
()	()	

 $^{{\}rm * \, Note: \, please \, ensure \, financials \, for \, Company \, Guarantor \, are \, provided \, with \, the \, application.}$