

**APPLICATION FOR MORTGAGE FINANCE**

**INDIVIDUAL APPLICANT DETAILS**

	<b>Applicant 1.</b>	<b>Applicant 2.</b>
TITLE (MR / MRS / MS / MISS / DR)		
SURNAME		
GIVEN NAMES		
AGE & DATE OF BIRTH	AGE ( ) D.O.B ( / / )	AGE ( ) D.O.B ( / / )
DRIVER'S LICENSE NO.		
PRESENT HOME ADDRESS	TOWN / CITY	TOWN / CITY
	STATE	STATE
	POSTCODE FOR YRS/MTHS	POSTCODE FOR YRS/MTHS
PHONE NUMBERS	HOME (0 )	HOME (0 )
	MOBILE 04	MOBILE 04
	WORK (0 )	WORK (0 )
	FAX (0 )	FAX (0 )
EMAIL		
MARITAL STATUS	SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>
EMPLOYER'S NAME		
ADDRESS		
	POSTCODE FOR YRS/MTHS	POSTCODE FOR YRS/MTHS
OCCUPATION / POSITION		
CURRENT SALARY (\$ P.A)		

**NEXT OF KIN NOT LIVING WITH YOU** (PLEASE NOTE THAT NEXT OF KIN FOR APPLICANT 1 MUST BE DIFFERENT TO APPLICANT 2)

NAME		
RELATIONSHIP		
PRESENT HOME ADDRESS		
	POSTCODE FOR YRS MTHS	POSTCODE FOR YRS MTHS
PHONE NUMBERS	HOME (0 )	HOME (0 )
	MOBILE 04	MOBILE 04
	WORK (0 )	WORK (0 )
EMAIL		

**COMPANIES/TRUSTS/PARTNERSHIPS (IF APPLICABLE)**

NAME			
TYPE	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COMPANY <input type="checkbox"/> TRUST <input type="checkbox"/> JOINT APPLICANTS <input type="checkbox"/> GUARANTOR		
POSTAL ADDRESS			POST CODE
REGISTERED OFFICE			POST CODE
NAME OF DIRECTORS			
PHONE NUMBER	(0 )	FAX	(0 )
ESTABLISHED		ACN / ABN	

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QUEENSLAND, 4216

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Fax: 07 55 64 1900  
Email: admin@ncfl.com.au

**GUARANTOR DETAILS**

	Guarantor 1.	Guarantor 2.
TITLE (MR / MRS / MS / MISS / DR)		
SURNAME		
GIVEN NAMES		
AGE & DATE OF BIRTH	AGE ( ) D.O.B ( / / )	AGE ( ) D.O.B ( / / )
DRIVER'S LICENSE NO.		
PRESENT HOME ADDRESS	TOWN / CITY	STATE
	TOWN / CITY	STATE
	POSTCODE	FOR YRS/MTHS
PHONE NUMBERS	HOME (0 )	HOME (0 )
	MOBILE 04	MOBILE 04
	WORK (0 )	WORK (0 )
	FAX (0 )	FAX (0 )
EMAIL		
MARITAL STATUS	SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>
EMPLOYER'S NAME		
ADDRESS		
	POSTCODE	FOR YRS/MTHS
OCCUPATION / POSITION		
CURRENT SALARY (\$ P.A)		

**ADVISORS DETAILS (IF APPLICABLE)**

SOLICITOR				ACCOUNTANT			
FIRM NAME				FIRM NAME			
CONTACT NAME				CONTACT NAME			
PHONE		FAX		PHONE		FAX	
ADDRESS				ADDRESS			
		POST CODE				POST CODE	
EMAIL ADDRESS				EMAIL ADDRESS			

**LOAN PURPOSE**

AMOUNT REQUIRED	\$	LOAN TERM	MONTHS
PURPOSE OF LOAN :			
HOW DO YOU INTEND REPAYING THE LOAN : REFINANCE <input type="checkbox"/> SALE <input type="checkbox"/> OTHER <input type="checkbox"/> _____			
IS THE LOAN PREDOMINANTLY ( <b>MORE THAN 50%</b> ) FOR BUSINESS OR INVESTMENT PURPOSES? YES / NO (DELETE ONE)			
NAME OF FINANCE BROKER (IF APPLICABLE)		PHONE	
WHO REFERED YOU TO NCF FINANCIAL SERVICES?			

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**STATEMENT OF ASSETS & LIABILITIES (INDIVIDUALS / GUARANTORS) OF \_\_\_\_\_**

*(EACH APPLICANT MUST COMPLETE THEIR OWN STATEMENT AND SIGN OFF ON THE BOTTOM OF THE PAGE)*

ASSETS	VALUE	LIABILITIES	PYMTS (PER MONTH)	AMOUNT OWED
PROPERTY ADDRESS		CURRENT LENDER		
1)	\$		\$	\$
2)	\$		\$	\$
3)	\$		\$	\$
4)	\$		\$	\$
5)	\$		\$	\$
6)	\$		\$	\$
7)	\$		\$	\$
8)	\$		\$	\$
VEHICLE	\$		\$	\$
VEHICLE	\$		\$	\$
SAVINGS	\$	CREDIT CARD	\$	\$
SAVINGS	\$	CREDIT CARD	\$	\$
FURNITURE & PERSONAL EFFECTS	\$	CREDIT CARD	\$	\$
BUSINESS VALUE	\$	BUSINESS DEBT	\$	\$
<b>TOTAL ASSETS</b>	<b>\$</b>		<b>TOTAL LIABILITIES</b>	<b>\$</b>

**STATEMENT BY BORROWER/S**

	YES	NO
Have you or your spouse ever been declared bankrupt or insolvent, or has either estate been assigned for the benefit of creditors?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse ever been shareholders or officers of any company of which a manager, receiver or liquidator has been appointed?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any unsatisfied judgement entered in any court against you, your spouses or any company of which either of you or your spouse are or were a shareholder or officer?	<input type="checkbox"/>	<input type="checkbox"/>
Has any application in respect of this loan ever been submitted by you or any other person to any other lender? If so please provide details.	<input type="checkbox"/>	<input type="checkbox"/>

Signature(s) of Applicant (s) x.....NAME.....Date.....

Signature(s) of Applicant (s)x.....NAME.....Date.....

Signature(s) of Guarantor (s) x.....NAME.....Date.....

Signature(s) of Guarantor (s)x.....NAME.....Date.....

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## PRIVACY ACT DECLARATIONS

Each applicant acknowledges that NCF Financial Services Pty Ltd, Gadens NMS or MSL Lawyers has informed each of them, in accordance with s.18E(8)(c) of the Privacy Act 1988, that certain items of personal information about each of them contained in this application and permitted to be kept on a credit information file, might be disclosed to a credit reporting agency.

### **Authority to exchange information with other credit providers.**

Each applicant declares that the information given in support of their application for a loan is true and correct.

In accordance with Section 18N(1)(b) of the Privacy Act, each applicant authorises NCF Financial Services Pty Ltd, Gadens NMS or MSL Lawyers and any ultimate funder / financier who provides the credit funds to give and obtain, from credit providers named in the credit application and credit providers that may be named in a credit report issued by a credit reporting agency, information about each applicant's credit arrangements. Each applicant understands this information can include any information about their 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.

Each applicant understands that information may be used:

- to assess an application by each applicant for credit
- to assist each applicant avoid defaulting on their credit obligations
- to notify other credit providers of a default by any applicant
- to assess each applicant's credit worthiness

### **Authority for Mortgage Insurers**

Each applicant authorises a mortgage insurer to obtain their report from a credit reporting agency. In accordance with Section 18N(bb) of the Privacy Act, each applicant authorises NCF Financial Services Pty Ltd and any ultimate funder / financier who provides the credit funds to disclose a report or information to a mortgage insurer so that mortgage insurer may assess whether to insure or consider the risk of insuring NCF Financial Services Pty Ltd, and/or any ultimate funder / financier who provides the credit funds, for the mortgage credit to be given to an applicant, or to assess the risk of default by an applicant on the mortgage credit, for any purposes arising under the contract of mortgage insurance between the credit provider and the mortgage insurer.

**I certify that the information in this application is true and correct.  
I acknowledge receiving an estimate of Fees and Charges.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## DECLARATION OF PURPOSE

AS REQUIRED UNDER THE CONSUMER CREDIT CODE, SECTION 11, REGULATION 10

**IF YOU HAVE COMPLETED THE LOAN PURPOSE CHECKLIST ON THE PREVIOUS PAGE AND YOU BELIEVE THAT THE LOAN YOU ARE APPLYING FOR IS TO BE USED WHOLLY OR PREDOMINANTLY FOR INVESTMENT OR BUSINESS PURPOSES, PLEASE SIGN THIS DECLARATION.**

TO: THE CREDIT PROVIDER

LOAN TO: \_\_\_\_\_ (NAME OF APPLICANTS) LOAN AMOUNT: \_\_\_\_\_

Each applicant declares that the credit to be provided to that applicant by the credit provider will be applied wholly or predominantly for business or investment purposes (or for both purposes).

Each applicant agrees to provide declarations of purpose of the credit whenever required by the credit provider.

### **IMPORTANT**

You should **not** sign this declaration unless this loan is wholly or predominantly for business or investment purposes.

By signing this declaration you may **lose** your protection under the Consumer Credit Code.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

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<b>A. Mortgage Security – To be completed for each property (Land / House / Development Site / Commercial Premises) being used as security for the loan.</b>									
Property Address:									
Who is the registered owner of the Property?									
Will Property be used for a 1 <sup>st</sup> or 2 <sup>nd</sup> Mortgage?		1 <sup>st</sup> Mortgage		2 <sup>nd</sup> Mortgage		Amount Owed?			
Who is Property Mortgaged to?									
Are payments up to date: Yes / No		What are the monthly payments required to 1 <sup>st</sup> mortgagee? \$ _____ per Month							
Property Type: Please select the appropriate box :					House	Unit	Commercial	Rural	Vacant Land
No of Bedrooms:		No. Of Bathrooms:		Ensuite:	Pool: Yes / No		Garages:		Car Spaces:
No. Of Story's:		Family / Games		Air Con:	Shed:		Block Size: m		Zoning:
Approx. Age: yrs:		Construction: (Brick Tile etc)						Roof:	
Other:									
Key Features:									
<b>Property Access – Contact Details for appraisal purpose.</b>					Contact Name:				
Contact Phone Number:					Time of day best suited to view property::				
Property Address:									
Who is the registered owner of the Property?									
Will Property be used for a 1 <sup>st</sup> or 2 <sup>nd</sup> Mortgage?		1 <sup>st</sup> Mortgage		2 <sup>nd</sup> Mortgage		Amount Owed?			
Who is Property Mortgaged to?									
Are payments up to date: Yes / No		What are the monthly payments required to 1 <sup>st</sup> mortgagee? \$ _____ per Month							
Property Type: Please select the appropriate box :					House	Unit	Commercial	Rural	Vacant Land
No of Bedrooms:		No. Of Bathrooms:		Ensuite:	Pool: Yes / No		Garages:		Car Spaces:
No. Of Story's:		Family / Games		Air Con:	Shed:		Block Size: m		Zoning:
Approx. Age: yrs:		Construction: (Brick Tile etc)						Roof:	
Other:									
Key Features:									
<b>Property Access – Contact Details for appraisal purpose.</b>					Contact Name:				
Contact Phone Number:					Time of day best suited to view property:				

<b>B. Mortgage Security – To be completed for each vehicle, boat or machinery is being used as security for the loan.</b>									
Make:			Model:				Colour:		
Year of Manufacture:			Registration Number				State Registered		
Chassis / Hull / Serial Number:					Engine No/s:			Manual	Automatic
Is operator on registration certificate the proprietor? YES / NO if no who is the registered owner?									
Address where security is garaged?									
Condition									
Odometer or Hour Reading: Km / Hours				Is Mortgage Security Insured? YES / NO					
Who is Security Insured with?				Can a copy of Insurance be supplied if required: YES / NO					
Price when Purchased? \$				Estimated Value today? \$					

**Please complete individual Mortgage Security details for every Mortgage Security Item being offered !**

**Please ensure that you supply the following with the Application:**

MORTGAGE STATEMENT <input type="checkbox"/>	100 POINT ID OF ALL APPLICANTS <input type="checkbox"/>
RATES NOTICE <input type="checkbox"/>	EXIT STRATEGY <input type="checkbox"/>

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The Loans Manager  
NCF Financial Services Pty Ltd  
3a / 32 The Esplanade  
Paradise Point  
Queensland  
4216

Date: \_\_\_\_\_

Dear Loans Manager,

**RE: Loan Account Repayment**

With regard to our loan in the amount of \$ \_\_\_\_\_ plus fees and charges,

I / We hereby declare that I / We hereby intend repaying this facility by way of:

Should you have any questions regarding this repayment method, please feel free to contact me at your earliest convenience.

Kind regards

\_\_\_\_\_  
Print Name:  
Phone No  
Date

\_\_\_\_\_  
Print Name:  
Phone No  
Date



DEAR CLIENT,

**Please note that upon completing our application you will need to provide us with,**

- Clear 100 Point ID as follows :
  - Drivers License or,
  - Passport and one of the following
  - Birth Certificate,
  - Australian Citizenship Certificate,
  - Bank Card, Medicare card and Credit Card.
- Copy of Current Paid Rates Notice for each security property
- Copy of Current Paid Water Rates Notice for each security property
- Copy of Current Paid Body Corporate Notice for each security property if applicable
- Last 3-6 Months Current Mortgage Statement for each security property

**Once we authorise the loan you will need to be able to also supply copies of the following documents.**

- Provide Certificate of insurance showing that NCF Financial Services Pty Ltd holds a financial interest in the property.
- Proof of no outstanding Land Tax debts on the security property

## CUSTOMER IDENTIFICATION GUIDELINES (AML)

**Method 1.** Face to face verification by reference to an original photographic identification document. This should be supported by either by another primary photographic identification document or a secondary form of identification. Identification documentation provided in either combination or in its own right must show the individuals full name, date of birth and current residential address. **THIS IS THE PREFERRED METHOD OF ID.**

**Method 2.** Face to face verification by reference to an original or certified copy of a primary non-photographic identification document plus one or more secondary identification documents. Identification documentation provided in either combination or in its own right must show the individuals full name, date of birth and current residential address. **THIS IS AN ACCEPTABLE METHOD OF VERIFICATION WHERE NO PHOTOGRAPHIC ID DOCUMENTS ARE AVAILABLE.**

In both methods the verifying person must state their full name and address on the identification form and must also affix their signature, record the date of interview and the state held in along with AML accreditation where applicable.

### PRIMARY PHOTOGRAPHIC IDENTIFICATION

- ❖ Drivers Licence
- ❖ Passport (Not expired b more than 2 years)
- ❖ Commonwealth, state or territory officially issued identification card
- ❖ National Identity Card

### PRIMARY NON-PHOTOGRAPHIC IDENTIFICATION

- ❖ Birth certificate
- ❖ Citizenship certificate
- ❖ Pension or Health Care Card issued by Centrelink.

### SECONDARY IDENTIFICATION

- ❖ Financial Benefits Statement issued by the Commonwealth, State or Territory within last 12 months
- ❖ Rates notice issued by local government body within last 3 months
- ❖ Utility notice issued by a utilities provider within the last 3 months
- ❖ Statement issued by a financial institution within the last 3 months

### FOREIGN NATIONALS

- ❖ Passport
- ❖ Drivers licence
- ❖ National Identity card

### ADDITIONAL INFORMATION FOR OTHER ENTITIES

❖ <b>SOLE TRADERS</b>	<b>IDENTIFICATION OF TRUSTEES</b>
❖ Current ABN and registration date	Trustees can be individuals or companies
❖ Principal Place of Business	❖ If the trustee is an individual, collect and verify the information as per requirement for individuals
❖ <b>COMPANIES (Pty Ltd)</b>	❖ If the trustee is a company, collect and verify the information as per requirement for a company
❖ Names of all directors	❖ Collect the following information on the Trust
❖ Collect and verify the ID information of all directors	a) Full name of Trust
❖ Collect the personal information of all shareholders	b) Type of Trust
❖ owning more that 25% of company shares	c) Full name of each beneficiary / unit holder
❖ Collect following information on company	d) Record Trust's ABN (if applicable)
a) Company name as registered by ASIC	<b>IDENTIFICATION OF PARTNERSHIPS</b>
b) A.C.N.	Partnerships will comprise all individuals, companies or Trusts or a combination of these
c) Full address of registered office	❖ Full name of partnership
d) Full address of principal place of business	❖ Full address of principal place of business
e) Location of asset being purchased / refin'd	❖ Full name and address of each partner
f) Address of security offered	❖ Partnerships ABN
g) Source of funds for repayment of the loan	

**Information must be collected and verified as outlined above for each partner, whether an individual, corporate or Trust**

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## CUSTOMER IDENTIFICATION (AML)

PERSONAL INFORMATION			
Full Name			
Date of Birth			
Residential address			
Any other aliases			
Location of Asset being purchased / refinanced			
Address of all securities			
Source of Funds for purchase and repayment			
PRIMARY PHOTOGRAPHIC IDENTIFICATION			
Document	Issuing State / Country	ID Number	Expiry date
Drivers License			
Passport (Not expired more than 2 years)			
Commonwealth, State or Territory issued ID Card			
National ID Card			
PRIMARY NON PHOTOGRAPHIC IDENTIFICATION			
Document	Attached		
Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not available
Citizenship Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not available
Pension or Health Card Card issued by Centrelink	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not available
SECONDARY IDENTIFICATION			
Document	Attached		
Financial Benefits Statement issued by C'wealth, State or Territory within last 12 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not available
Rates notice issued by local government body within the Last 3 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not available
Utility notice issued by utilities provider within the last 3 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not available
Statement issued by a financial institution within the last 3 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not available
VERIFICATION CHECKS UNDERTAKEN			
Documentation provided is current or within acceptable timeframes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Photographic document is a "reasonable" likeness of The individual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Face to Face verification was carried out by me	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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Method 2 used: Verification against primary photographic documentation was not possible because of (state reason)

Yes

No

Reason:

**CUSTOMER IDENTIFICATION (AML) cont.**



SOLE TRADER	
ABN	
Principal place of business	Postcode
COMPANIES (PTY LIMITED)	
Directors names	1. 2. 3. 4.
Full name of company as registered by ASIC	
A.C.N	
Full address of registered office	Postcode
Location of asset being purchased / refinanced	
Address of security offered	Postcode
Source of funds for loan repayment	
TRUSTEES	
Full name of Trust	
Type of Trust	
Full Name of each beneficiary	1. 2. 3. 4.
Record Trust's ABN	
PARTNERSHIPS	
Full name of partnership	
Full address of principal place of business	Postcode
Full name of partner 1	
Full address of partner 1	Postcode
Full name of partner 2	
Full address of partner 2	Postcode
Full name of partner 3	
Full address of partner 3	Postcode
ABN	
Source of funds for repayment of loan	

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**CUSTOMER IDENTIFICATION (AML) cont.**

**INTERVIEWER VERIFICATION**

Full Name of interviewer	
Address of interviewer	
Date of interview	/ /
State where interview was held	
AML Certificate Number:	
Signature:	