



MS Ford

VEHICLE DETAILS

Make: _____ Model: _____ Rego: _____
 Purchase Price: _____ Deposit: _____ Trade: _____

FINANCE

Amount Financed: _____ Repayments of: _____ Per: Week Fortnight Month
I can afford Frequency - Please tick

INSURANCE (Please tick)

Payment Protection Insurance: Mechanical Breakdown Insurance: GAP Insurance:
Yes No Yes No Yes No

APPLICANT DETAILS

First Name: _____ Middle Name: _____ Surname: _____

Drivers Licence No: _____ Drivers Licence No 5b: _____ Expiry Date: _____

Date of Birth: _____ Number of Dependants: _____ Ages: _____

Licence Type: Restricted Full Any Conditions? Yes No

Are you a NZ Resident? Yes No Country of Birth? _____

Marital Status: Married Defacto Divorced Single Other _____

Phone: _____ Mobile: _____ Email: _____

ADDRESS DETAILS

Current Address: _____ Years There: _____

Suburb: _____ City: _____

Residency Type: (Please tick) Boarding Freehold Living with Parents Mortgage

Renting Other Provide Details: _____

If less than 3 years

Previous Address: _____ Years There: _____

Suburb: _____ City: _____

EMPLOYMENT

Present Employer: _____ Occupation: _____ Years There: _____

Address: _____ Phone: _____ Full Time Part Time

(If less than 3 years) Previous Employer: _____ Occupation: _____

Full Time Part Time Phone: _____ Years There: _____

Address: _____

CO-APPLICANT DETAILS

First Name: _____ Middle Name: _____ Surname: _____

Drivers Licence No 5a: _____ Drivers Licence No 5b: _____

Expiry Date: _____ Date of Birth: _____

Licence Type: Restricted Full Any Conditions? Yes No

Are you a NZ Resident? Yes No Country of Birth? _____

Marital Status: Married Defacto Divorced Single Other _____

Phone: _____ Mobile: _____ Email: _____

EMPLOYMENT

Present Employer: _____ Occupation: _____ Years There: _____

Address: _____ Phone: _____ Full Time Part Time

(If less than 3 years) Previous Employer: _____ Occupation: _____

Full Time Part Time Phone: _____ Years There: _____

Address: _____

REFERENCE

Nearest Relative: (Not living with you) _____ Relationship to you: _____
Address: _____ City: _____ Phone: _____

FINANCIAL REQUIREMENTS

Your Bank: _____ Account Number: _____
Insurance Company: _____ First Payment Date: _____

ASSETS

Property: \$ _____ Vehicles: \$ _____ Furniture & Effects: \$ _____ Other please specify: \$ _____

LIABILITIES SUMMARY

	Balance	Repayments	Frequency			Name of Lender
Mortgage: \$ _____	\$ _____	Weekly: _____	Fortnightly: _____	Monthly: _____	_____	
Loans: \$ _____	\$ _____	Weekly: _____	Fortnightly: _____	Monthly: _____	_____	
Credit Cards/HP: \$ _____	\$ _____	Weekly: _____	Fortnightly: _____	Monthly: _____	_____	
Other Please Specify: \$ _____	\$ _____	Weekly: _____	Fortnightly: _____	Monthly: _____	_____	

EXPENSES SUMMARY

Rent: \$ _____ Living Expenses: \$ _____
Rates: \$ _____ Motor Vehicles: \$ _____
Insurance: \$ _____ Dependant Education: \$ _____
Utilities: \$ _____ Lifestyle: \$ _____

*Please complete sperate expenses form attached

INCOME

	Frequency		
Average Take Home Pay After Tax: \$ _____	Weekly: _____	Fortnightly: _____	Monthly: _____
Co-Applicant's Average Take Home Pay After Tax: \$ _____	Weekly: _____	Fortnightly: _____	Monthly: _____
OR Spouse's Average Take Home Pay After Tax: \$ _____	Weekly: _____	Fortnightly: _____	Monthly: _____
Other Income: \$ _____	Please Specify: _____		
Is your income likely to decrease over the next 12 months?	Yes	No	

THE LEGALITIES

Have you ever had or are there now any attachments or legal proceedings against you, or any action of payment default? Yes No

If yes, Please state details: _____

INFORMATION STATEMENT/AUTHORISATION

Pursuant to the Privacy Act 1993. Please read this statement/authorisation notice in full:

I apply for a loan and certify that the particulars above and overleaf are true and correct and that I am over the age of 18 years and am not an undischarged bankrupt. Pursuant to the Privacy Act 1993 I authorise any finance company to contact any credit reporting agencies, credit providers, my employer(s), accountant(s), or any other source, to obtain, check and exchange (both now and in the future) such personal, financial and commercial information and references about me/us as is necessary for the purposes of considering this application, the protection and administration of any loan arising out of this application, and to assist in the enforcement of any agreement between me/us and any finance company. I agree that you may produce this authority to such parties for the purposes of collecting such information. Under the provisions of the Privacy Act 1993, you are entitled to have access and request correction to personal information held about you. I agree that the information in connection with this finance application may be transmitted via facsimile and/or electronic mail, and I acknowledge that there may be some security risks associated with the transmission.

I have read and accept the terms and conditions within this informative statement/authorisation.

I Accept the Terms and Conditions* Yes

I have checked the details I have provided are honest and accurate* Yes

Checklist: 90 Day Bank Statement Colour Copy of Drivers Liscence

Proof of Adress (less than 3 months old)

Signed: _____ Date: _____

Customer _____

Balance owing	Lender	Item	Weekly	Fortnightly	Monthly	Annual	Weekly Eqiv
\$		Mortgage/Rent					\$
		Council Rates					\$
		Insurance - House & Contents					\$
		Telephone/ Internet					\$
		Gas					\$
		Power					\$
		Subscription TV - Sky,Netflix, Neon					\$
		Food & Alcohol					\$
		Clothing and Foot-wear					\$
		Health					\$
		Motor Vehicle - Fuel					\$
		Rego, WOF, Maintenance,					\$
		Car Insurance					\$
		Dependant Education Fees					\$
		Other Insurance - life & income					\$
		Child Support/ child-care					\$
		Lifestyle - Gym, travel, donations, spotify					\$
		Personal loan					\$
		Credit Cards					\$
		Credit Cards					\$
		HP					\$
		HP					\$

Total

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