

INFAC.com.au

LOAN

APPLICATION

INFAC MANAGEMENT PTY LIMITED

A.B.N. 14 098 272 738

114 WHITECROSS ROAD WINMALEE NSW 2777

PO BOX 4028 WINMALEE NSW 2777

TELEPHONE 1300 555 548

FACSIMILE 1300 555 568

www.INFAC.com.au

LOAN DETAILS

TERM _____ YEARS	FIXED <input type="checkbox"/> \$ _____ VARIABLE <input type="checkbox"/> \$ _____	TOTAL \$ _____
Please state the full name(s) of the Borrower(s):		
PURPOSE of LOAN Please detail the purpose of this loan facility and the estimate of funds to be used:		
1	_____	\$
2	_____	\$
3	_____	\$
4	_____	\$
5	_____	\$
6	_____	\$

CONTACTS

NAME of SOLICITOR PRACTICE :		
CONTACT NAME	Phone ()	Fax ()
ADDRESS	DX	
NAME of ACCOUNTANCY PRACTICE :		
CONTACT NAME	Phone ()	Fax ()
ADDRESS	DX	
NAME of INSURANCE BROKER / COMPANY :		
CONTACT NAME	Phone ()	Fax ()
ADDRESS	DX	

FIRST CORPORATE - DETAILS

FULL NAME (if trustee - include name of trust)			
A.B.N. Identifier and A.C.N Identifier	-	-	-
DIRECTORS - Full Names & Address			
NAMES of SHAREHOLDERS or,			
NAMES of UNIT HOLDERS in TRUST			
(and number of shares or units held) and,			
NAMES of BENEFICIARIES in TRUST			
CORRESPONDENCE ADDRESS			Post Code:
REGISTERED OFFICE ADDRESS			Post Code:
PHONE NUMBER	Business ()	Fax ()	
NATURE of BUSINESS	Period Trading		

SECOND CORPORATE - DETAILS

FULL NAME (if trustee - include name of trust)			
A.B.N. Identifier and A.C.N Identifier	-	-	-
DIRECTORS - Full Names & Address			
NAMES of SHAREHOLDERS or,			
NAMES of UNIT HOLDERS in TRUST			
(and number of shares or units held) and,			
NAMES of BENEFICIARIES in TRUST			
CORRESPONDENCE ADDRESS			Post Code:
REGISTERED OFFICE ADDRESS			Post Code:
PHONE NUMBER	Business ()	Fax ()	
NATURE of BUSINESS	Period Trading		

THIRD CORPORATE - DETAILS

FULL NAME (if trustee - include name of trust)			
A.B.N. Identifier and A.C.N Identifier	-	-	-
DIRECTORS - Full Names & Address			
NAMES of SHAREHOLDERS or,			
NAMES of UNIT HOLDERS in TRUST			
(and number of shares or units held) and,			
NAMES of BENEFICIARIES in TRUST			
CORRESPONDENCE ADDRESS			Post Code:
REGISTERED OFFICE ADDRESS			Post Code:
PHONE NUMBER	Business ()	Fax ()	
NATURE of BUSINESS	Period Trading		

PERSONAL PARTICULARS

SURNAME	APPLICANT DETAILS		SPOUSE DETAILS	
	Mr/Mrs/Ms/Miss		Mr/Mrs/Ms/Miss	
OTHER NAMES				
HOME ADDRESS				Post Code:
CORRESPONDENCE ADDRESS (if different)				Post Code:
DEPENDANTS	No:	Ages:		
MARITAL STATUS				
EMAIL:				
BIRTH DATE & DRIVERS LICENCE NO.				
PHONE NUMBER	Business ()	Private ()	Business ()	
OCCUPATION				
EMPLOYER'S NAME				
EMPLOYER'S ADDRESS				
EMPLOYED SINCE				
PREVIOUS EMPLOYER'S NAME				
PREVIOUS EMPLOYER'S ADDRESS				
PREVIOUS EMPLOYMENT PERIOD	from / /	to / /	from / /	to / /

PLEASE ANSWER THE FOLLOWING QUESTIONS ✓ ✎	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 and/or Liquidator has been appointed?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any unsatisfied judgment entered in any court against you, your spouse, or any company of which either you or your spouse are or were a shareholder or officer?	<input type="checkbox"/>	<input type="checkbox"/>
Has any application in respect of any loan submitted by you to any other lender been declined? If so, give details.	<input type="checkbox"/>	<input type="checkbox"/>

ASSETS	\$	LIABILITIES	\$
Home at		Mortgage(s) to	
Other Real Estate at		Mortgage(s) to	
Vehicle(s) Registered No.		Loan(s) from	
Cash & Investments (Coy / No.)		Credit Cards (Coy/ No /Limit)	
Other (detail)		Other (detail)	
Total Assets	\$	Total Liabilities	\$

PRIVACY ACT AUTHORISATION

I/We acknowledge I/We have made, or offer our guarantee in respect of, an application for credit from Infac Management Pty Limited and / or related companies (The Lender).

I/We agree that in connection with the application for credit the lender can do the following:-

1. Seek and use commercial credit information about me/us to assess an application for consumer credit or commercial credit.
2. Seek and use consumer credit information about me/us to assess an application for commercial credit or consumer credit.
3. Use a credit report about me/us provided by a credit reporting agency to collect overdue payments from me/us.
4. Provide information to a mortgage insurer to assess the risk of (a) providing mortgage insurance or (b) default.
5. Seek from or give another credit provider (including without limitation any other credit provider who has lent money on the same security) any information about my/our credit worthiness, credit standing, credit history or credit capacity.
6. Seek from or give to any broker, financial consultant, accountant, lawyer, or other adviser acting in connection with any financing provided or proposed to be provided to me/us any consumer or commercial credit information.
7. Give to a credit reporting agency personal or commercial information about me/us. The information may include the kind of information described below.
8. Disclose any report or personal information about me/us to another person in connection with funding financial accommodation by means of an arrangement involving securitisation.
9. Provide information to any person who proposes to guarantee or has guaranteed repayment of any credit provided to me/us.

Information

1. Identity particulars which are:
 - (a) your full name, including any known aliases, sex and date of birth;
 - (b) a maximum of three addresses consisting of a current or last known address and two immediately previous addresses;
 - (c) name of your current or last known employer; and
 - (d) your driver's licence number.
2. The fact that you have applied for credit and the amount.
3. The fact that the Lender is a current credit provider to you.
4. Payments, which become overdue more than 60 days, and for which collection action has commenced.
5. Advice that payments are no longer overdue.
6. Cheques drawn by you which have been dishonoured more than once.
7. In specified circumstances, that in the opinion of the Lender you have committed a serious credit infringement.
8. That credit provided to you by the Lender has been paid or otherwise discharged.

INDIVIDUAL NAME	SPOUSE NAME
SIGNATURE	SIGNATURE
DATED AT	THIS DAY OF 199

I/We declare that the credit to be provided to me/us by the credit provider is to be applied wholly or predominantly for business or investment purposes (or for both purposes).

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.

Signed By

← Please sign and print your full name → _____ (Please insert the date of signature)

Signed By

← Please sign and print your full name → _____ (Please insert the date of signature)

THE FOLLOWING IS FOR OFFICE USE ONLY:

Purpose: Investment / Personal Applicant: Person / Strata Body / Other

Date Received: Signature:

SECURITY OFFERED

SECURITY ADDRESS		Post Code:
<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Other (Detail)		
BRIEF DESCRIPTION		
ESTIMATED VALUE or PURCHASE PRICE	\$	If applicable, please supply a copy of the Purchase Contract.
VOLUME/FOLIO or, FOLIO IDENTIFIER	LOT/DP or STRATA NO	LOCATION
PROPERTY ACCESS		BUSINESS PHONE ()
COMPANY	CONTACT	A H / MOBILE ()
INSURANCE - Existing <input type="checkbox"/> or Proposed <input type="checkbox"/>		
INSURER/BROKER	CONTACT NAME	POLICY NO.
BUSINESS PHONE ()	SUM INSURED	RENEWAL DATE
For income producing property, please supply a tenancy schedule and list of outgoings or, complete the schedule below which is summarised as:		
ANNUAL RENTALS \$	OUTGOINGS \$	RECOVERED from TENANTS \$
<i>(If you have your own tenancy schedule or your managing agent's schedule, you may provide either of these in lieu of completing the Tenancy Schedule below.)</i>		

TENANCY SCHEDULE

Unit / No.	Tenant	Commence	Term	Renewal Options	Current Rental PA	Outgoings Recovered \$

OUTGOINGS ESTIMATES

Water Rates	\$	Land Tax	\$	Maintenance Allowance	\$	Other - Please Detail
Council Rates	\$	Body Corporate	\$	Cleaning / Garden	\$	\$
Insurance	\$	Repairs	\$	Management	\$	\$
TOTAL	\$	TOTAL	\$	TOTAL	\$	TOTAL
						\$

SUPPORTING DOCUMENTS TO BE SUPPLIED WITH THIS APPLICATION FORM

GENERAL	N/A	YES
Tenancy schedule fully completed	<input type="checkbox"/>	<input type="checkbox"/>
Copies of leases in support of tenancy schedule	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Purchase Contract if applicable	<input type="checkbox"/>	<input type="checkbox"/>
INDIVIDUALS	N/A	YES
Confirmation of existing employment and salary by way of letter from employer	<input type="checkbox"/>	<input type="checkbox"/>
If current employment is under two years, confirmation of previous employment	<input type="checkbox"/>	<input type="checkbox"/>
Copies of the last two years taxation returns and assessments	<input type="checkbox"/>	<input type="checkbox"/>
Statement of existing debt on loan being refinanced covering the last twelve months	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation of funds required to complete purchase	<input type="checkbox"/>	<input type="checkbox"/>
COMPANIES / TRUSTS	N/A	YES
Balance Sheet and Profit & Loss Statements including Notes therein for the past two financial years	<input type="checkbox"/>	<input type="checkbox"/>
Interim financial statements or turnover figures from the last taxation period up to the time of application (if available)	<input type="checkbox"/>	<input type="checkbox"/>
Cash flow budgets and projections with details and basis of assumptions used (if available)	<input type="checkbox"/>	<input type="checkbox"/>
Financial statements covering past two years of directors, shareholders &/or beneficiaries with Application Form	<input type="checkbox"/>	<input type="checkbox"/>
THE FOLLOWING WILL BE REQUIRED BY OUR SOLICITORS	N/A	YES
Copy of Trust Deed or Deed of Settlement (if applicable) including any amendments thereto	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Certificate of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
Shareholder details indicating Class and Number of shares held	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Memorandum and Articles of Association	<input type="checkbox"/>	<input type="checkbox"/>