

Credit Application Form

PLEASE COMPLETE FORM IN CAPITALS

			LOAN D	ETAILS		
\$ Amount Requi	red		Reason for L		S Rep	ayment Offered
Name & Date of B	YOUR DE	TAILS		Nearest Relative – NOT	REFEREES LIVING WITH YOU	
Title	irst Name		Middle Name			Relationship
			Date of Birth	Current Residential Address		
Current Residentia	al Address & Co	ntact Details		Home Phone	Work Phone	Mobile Phone
Sireet Mo		Street Nam			NOT LIVING WITH YOU	
	Po		Yrs/Mths		ame	Relationship
Home Phone	Work Ph	ione	Mobile Phone	Current Residential Address		ss
	Email Ac			Home Phone	Work Phone	Mobile Phone
Postal Address (if different from above)					PRIVACY CONSENT	
Previous Address (if less than 3 years at current address) If Renting Landlord Details (name & phone no) Your Bank Account Number Single Married De facto Divorced Widowed No of Dependants Budgeters Details EMPLOYMENT DETAILS Employers Name Employers Address Your Occupation Yrs/ Mths Income Previous Employers Name			In accordance with the Privacy Act 1993, Principle 11 (d), hereby authorise and request all persons companies organisations and government agencies to provide to Family Finance Limited, its employees and agents, any information requested by Family Finance Limited in relation to the following: My current address, My current telephone number. Any other known names, My current bank account number. Contact details for my spouse, My income, My assets, My liabilities Although I do not intend to limit the parties from whom Family Finance may obtain information, I specifically authorise and request the following to provide the above information Any government agency including (but not limited to): Work and Income New Zealand (WINZ), Inland Revenue Department (IRD), Justice Department, Housing New Zealand (HNZ), Any trading bank operating within New Zealand, Any finance companies. Trade creditors and Credit reporting agencies (Baycorp Advantage) I/we declare that the above information is true and correct and I/we are over the age of 18 years and I/we are not undischarged bankrupt(s) Information may be disclosed to Family Finance without my knowledge and without any need to consult me. I/we acknowledge that if Family Finance provides this finance Family Finance may. a) collect and monitor personal information about me/us as is necessary for the administration and protection of such credit and; b) I/we request Family Finance to send me/us details of other products and services from time to time and I/we agree that they may use all personal information held about me/us now or in the future for any future application I retain the right to cancel this authorisation at any time by written notice			
SECURITY				Yoursk	gnature .	Dare
Security Offered				Drivers Licence	/ Passport No	Expiry Date
Vehicle Registra	ation No	Depo	sit Offered	IRD Number	er Commu	Inity Services Card #
Cash Lar	ASSET nd/Buildings LIABILIT	Vehicles			GENERAL about Family Finance? ewspaper Radio Ref	orral [] In Stora Advor
Mortgage C	redit Cards	HP Loans	Other	Do you have an accoun	t with Archibald Motors	Yes No
	PAYMENTS P	ER WEEK			pen one? Yes No (
Rent	ower P	none	Loan Payments	III III III III III III III II	Pai poooo: 165	
		*Approximation of the Company of the	STORE	JSE ONLY		
Credit Check Done	☐ Photo ID At	tached	Proof of Income Attached	Proof of Residence At	ttached Signature & N	lame Matches Application
ACA	AC		DCA	DCA		
Store N	ame		Salesperson's Name	Salespers	ion's Signature	

Family Finance Ltd Privacy Authority

Family Finance Ltd 143 Commerce St Kaitaia 0410 NZ

I declare that I am over the age of eighteen years and that I am not an undischarged bankrupt: and I declare that all the information provided to Family Finance Ltd, associated entities, related companies, affiliates or subsidiaries ("FF"), is true and correct.

I agree

- (a) that FF may collect, hold, use and disclose personal and credit information (including credit account information and repayment history information) ("information") about me for the purposes of :
 - (i) Assessing my application, for a loan or other credit facility, or as a guarantor, including completing a credit check
 - (ii) Confirming my address, and identity including electronically matching my information with identification information on third party databases.
 - (iii) Sourcing any required insurances or confirming valid insurance is in place on any security the subject of an application
 - (iv) Making credit decisions about me including recovery of any amounts I owe FF or to better service any facility provided to me
 - (v) Complying with the laws in New Zealand including mandatory obligations under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009
 - (vi) Utilising the services provided by third parties (including credit reporters such as Veda Advantage) in connection with the assessment of any application or the provision of any facility provided by FF;
 - (vii) Monitoring and screening any facility I have with FF for anti-money laundering and countering financing of terrorism purposes for fraud and crime detection purposes;

(b)I agree my information may for the purposes listed above ("purposes") be collected from or disclosed to:

- (i) Any of the FF group
- (ii) Any third party that provides services to or on behalf of FF such as lawyers, car dealers, insurers, data services
- (iii) The police, government agencies or other financial services where FF believes collection or disclosure is required by law or disclosure will assist with the investigation and/or money laundering or criminal offences
- (iv) Any credit reporter or debt recovery agency
- (v) Guarantors or proposed guarantors
- (vi) Any other party authorised by me.

I also agree that FF may produce this authority to such parties for the above purposes.

I agree that information disclosed by FF to credit reporters may be listed on their systems, used by them to provide their credit reporting services, and supplied to their customers who use their services to make credit decisions about me. I authorise those parties to hold and disclose such information for the purposes set out in this clause and

I understand the provision of my driver license number is voluntary.

I acknowledge that if I do not provide information sought by FF for the above purposes, FF may be unable to process my application.

I acknowledge that while FF will do its best to ensure my information is accurate, it is my responsibility to inform FF of any changes in my information. Where my information may be readily retrieved, I can access it and if necessary shall have the right to request correction thereof where required by notice in writing to Family Finance PO Box 250 Kaitaia.

C:	Print Name	Dated
Signed	FILLINALLE	Dated