

Application for Finance



For the purposes of this Application Form, "Applicant" includes those people whose personal details have been provided have signed this form. This application form may be submitted to any one or more financiers on behalf of the Applicant. All references in this document to "the Financier" is to a financier to whom this form is submitted.

APPLICANT DETAILS - Organisation:

Legal Name (of Company/Organisation/Entity) or in the case of a Trust/Partnership its OFFICIAL NAME.				Trading Name			
<input type="text"/>				<input type="text"/>			
NZBN Number	GST Number	GST cycle				No of employees	
<input type="text"/>	<input type="text"/>	Monthly	<input type="text"/>	Two Monthly	<input type="text"/>	Six Monthly	<input type="text"/>
Nature of business (what do you do?)						Website	
<input type="text"/>						<input type="text"/>	
Date Business Started		Business Ph No		Contact Person		Mobile No	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Street Address			Suburb		City/Town		Postcode
<input type="text"/>			<input type="text"/>		<input type="text"/>		<input type="text"/>
Postal Address (if different)			Suburb		City/Town		Postcode
<input type="text"/>			<input type="text"/>		<input type="text"/>		<input type="text"/>

Key Contacts for the Organisation: Insurer, Accountant and Landlord Details

Name of Insurer/Broker:		Contact Person:	
<input type="text"/>		<input type="text"/>	
Phone Number:		Email:	
<input type="text"/>		<input type="text"/>	
Accountancy Firm Name:		Contact Person:	
<input type="text"/>		<input type="text"/>	
Phone Number:		Email:	
<input type="text"/>		<input type="text"/>	

BANK DETAILS A/C Name:		Account Number:					
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
				Bank		Branch	
				Account No		Suffix	

PLEASE NOTE: The following PERSONAL DETAILS sections are to be completed by each person who, in respect of the Applicant, is a Director/Partner/Trustee/Guarantor or Sole Trader as the case may be.

APPLICANT DETAILS – Applicant 1 (Personal) Director/Partner/Trustee/Guarantor/Sole Trader

Mr, Mrs, Miss, Ms, Other		First & Middle Names		Surname		Date of Birth	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Relationship Status		No of dependents		Driver Licence No		Version	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
						NZ Citizen	
						Yes <input type="text"/> No <input type="text"/>	
						Permanent NZ	
						Yes <input type="text"/> No <input type="text"/>	
Residency				Home Phone		Business Phone	
Own Home	<input type="text"/>	Renting	<input type="text"/>	Boarding	<input type="text"/>	Living at Home	<input type="text"/>
Mobile				Email (personal)		Email (business)	
<input type="text"/>				<input type="text"/>		<input type="text"/>	
Address			Suburb		City/Town		Postcode
<input type="text"/>			<input type="text"/>		<input type="text"/>		<input type="text"/>
Previous Street Address (if less than 2 years at current)			Suburb		City/Town		Postcode
<input type="text"/>			<input type="text"/>		<input type="text"/>		<input type="text"/>
Next of Kin Full Name		Relationship		Address		Phone No	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

APPLICANT DETAILS - Applicant 2 (Personal) Director/Partner/Trustee/Guarantor

Mr, Mrs, Miss, Ms, Other		First & Middle Names		Surname		Date of Birth	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Relationship Status		No of dependents		Driver Licence No		Version	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
						NZ Citizen	
						Yes <input type="text"/> No <input type="text"/>	
						Permanent NZ	
						Yes <input type="text"/> No <input type="text"/>	
Residency				Home Phone		Business Phone	
Own Home	<input type="text"/>	Renting	<input type="text"/>	Boarding	<input type="text"/>	Living at Home	<input type="text"/>
Mobile				Email (personal)		Email (business)	
<input type="text"/>				<input type="text"/>		<input type="text"/>	
Address			Suburb		City/Town		Postcode
<input type="text"/>			<input type="text"/>		<input type="text"/>		<input type="text"/>
Previous Street Address (if less than 2 years at current)			Suburb		City/Town		Postcode
<input type="text"/>			<input type="text"/>		<input type="text"/>		<input type="text"/>
Next of Kin Full Name		Relationship		Address		Phone No	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

Adviser Name:

Adviser Mobile: