

Personal Loan/ Credit Card Application Checklist

Police & Nurses Credit Society Limited
ABN 69 087 651 876 AFSL 240701
PO Box 12847
Abeckett Street VIC 8006
Telephone 13 25 77
www.nurses1st.com.au



Member Name/s _____ Consultant Name _____

How to Apply for a Personal Loan/Credit Card

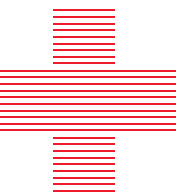
At Nurses First, we understand that this event will be one of your larger financial commitments in your life and we thank you for considering us.

The following checklist is a guide to the information we may require from you to assist us in assessing your application. If you have any questions please contact your lending consultant.

- Step 1 Use the checklist below to determine the supporting documents required for your loan application
- Step 2 Gather your supporting loan application documents and provide them to your consultant
- Step 3 The submission of your loan application form will be accompanied by these documents

The checklist below is to assist you in the collection of relevant documents. Please tick (✓) the box to confirm that you the Borrower/Guarantor has provided all the relevant documents.		Provided	Outstanding
Identity (not required if already a Nurses First Member)			
Identity Verification and Privacy Information Form	The Member/Guarantor agrees to how Nurses First may use your information	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Identity	One primary photographic ID (eg. driver's licence or passport) or two non-photo IDs (eg. birth certificate, citizenship certificate, council rate notice, ATO tax assessment notice, bank cards, credit cards)	<input type="checkbox"/>	<input type="checkbox"/>
Income			
Wage or Salary	2 recent, consecutive payslips (dated within 2 months of application)	<input type="checkbox"/>	<input type="checkbox"/>
Commission, Overtime, Allowances	2 recent, consecutive payslips (dated within 2 months of application) showing regular income from bonuses or commissions plus your Payment Summary (group certificate) for the last financial year. Statements should be on company letterhead showing company name and ABN	<input type="checkbox"/>	<input type="checkbox"/>
Rental Income	Evidence of rent ie. copy of current lease agreement or management statements or letter from Real Estate Agent dated within 1 month of application	<input type="checkbox"/>	<input type="checkbox"/>
Government Income	Current Centrelink Statement showing name of applicant, frequency and amount (dated within 2 months of application)	<input type="checkbox"/>	<input type="checkbox"/>
Self Employed Income	Tax returns for the past 2 years (including Profit & Loss and Balance Sheet) for bank statements for all other unsecured loans and credit card debts. These must be recent and consecutive	<input type="checkbox"/>	<input type="checkbox"/>
Loans and Other Credit Being Refinanced (not with Nurses First)			
Loans, Credit Card, Leases, Hire Purchases	We require 3 months formal bank statements for all secured and unsecured debts demonstrating repayment history. These must be recent and consecutive. If refinancing a vehicle, we require a written payout figure at the time of settlement	<input type="checkbox"/>	<input type="checkbox"/>
Loans and Other Credit NOT Being Refinanced (not with Nurses First)			
Loans, Credit Card, Leases, Hire Purchases	We require a minimum of the last months list of transactions from your primary transaction (everyday) account to confirm existing commitments for all loans not being repaid by this loan application, except for HECS/HELP debt where verbal confirmation is acceptable	<input type="checkbox"/>	<input type="checkbox"/>
Additional Items (when applicable)			
Purchase details	Legible, signed and dated copy of the Offer to Purchase/Invoice	<input type="checkbox"/>	<input type="checkbox"/>
Statutory Declaration	When purchasing by private sale a Statutory Declaration is required instead of the Offer to Purchase. We will provide you with the Statutory Declaration	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	When using a vehicle as security, a 'Certificate of Currency' is required noting Nurses First as the interested party Note: if the Certificate of Currency is not available at the time of application, it will need to be provided to us before funds can be released	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Registration	We require the original Vehicle Registration/Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>
Credit Guide	This is an information booklet we provide to you at the time of loan application	<input type="checkbox"/>	<input type="checkbox"/>

THIS PAGE LEFT INTENTIONALLY BLANK



Personal Loan/ Credit Card Application Form

Police & Nurses Credit Society Limited
ABN 69 087 651 876 AFSL 240701
PO Box 12847
Abeckett Street VIC 8006
Telephone 13 25 77
www.nurses1st.com.au



NURSES FIRST
A Division of
Police & Nurses Credit Society Ltd
The credit union for the
health care industry

Loan Type:

- Personal Loan
 Credit Card

(Primary used for card application.
Secondary used for supporting income)

Origination (Branch/Broker Company) _____

Consultant/Broker Name _____

Purpose of Loan _____

Personal Loan Amount \$ _____ Requested Term _____

Credit Card Amount \$ _____

Total Credit Amount \$ _____

Personal Details

PRIMARY Applicant Guarantor

Member Number _____

Title _____ Surname _____

Given Names _____

Date of Birth _____ Marital Status _____

Phone (home) () _____

Phone (work) () _____

Mobile _____

Email Address _____

Ages of Dependents _____

Drivers Licence Number _____ State _____

Known by any Other Name _____

SECONDARY Applicant Guarantor

Member Number _____

Title _____ Surname _____

Given Names _____

Date of Birth _____ Marital Status _____

Phone (home) () _____

Phone (work) () _____

Mobile _____

Email Address _____

Ages of Dependents _____

Drivers Licence Number _____ State _____

Known by any Other Name _____

Address Information

Current Residential Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Time there _____ (years) _____ (months)

Postal Address (leave blank if same as above)

St No. and Name _____

Suburb _____

State _____ Postcode _____

Previous Residential Address (if current address is less than 2 years)

St No. and Name _____

Suburb _____

State _____ Postcode _____

Time there _____ (years) _____ (months)

If combined address is less than 2 years, please give details

Current Residential Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Time there _____ (years) _____ (months)

Postal Address (leave blank if same as above)

St No. and Name _____

Suburb _____

State _____ Postcode _____

Previous Residential Address (if current address is less than 2 years)

St No. and Name _____

Suburb _____

State _____ Postcode _____

Time there _____ (years) _____ (months)

If combined address is less than 2 years, please give details

Bankruptcy

PRIMARY

Have you been bankrupt or insolvent? Yes No
What bankruptcy status? Current bankrupt
 Discharged bankrupt

Have you ever entered into a scheme or arrangement with creditors under the Bankruptcy Act? Yes No

Do you have any judgements, garnishees or other legal proceedings against you? Yes No

If you have answered yes to any questions above, please provide full details _____

SECONDARY

Have you been bankrupt or insolvent? Yes No
What bankruptcy status? Current bankrupt
 Discharged bankrupt

Have you ever entered into a scheme or arrangement with creditors under the Bankruptcy Act? Yes No

Do you have any judgements, garnishees or other legal proceedings against you? Yes No

If you have answered yes to any questions above, please provide full details _____

Residential Status

Boarding Provided by employer
 Owner – fully owned Living with parents
 Buying/Mortgagor Other (give details) _____
 Renting _____

Boarding Provided by employer
 Owner – fully owned Living with parents
 Buying/Mortgagor Other (give details) _____
 Renting _____

Residency Status

Australian citizen Other (give details) _____
 Temporary resident _____
 Permanent resident

Australian citizen Other (give details) _____
 Temporary resident _____
 Permanent resident

Referee (must be over 18 years, living in Australia and not living with you)

Full Name _____

Address _____

Home Phone _____

Relationship Child Parent Sibling Friend Other (give details) _____

Employment Details

Current Employment

Occupation/Position _____

Status

Casual Contract Full-time Part-time

Seasonal Self employed Other _____

Current Employer or Business Name _____

Employer/Business Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Service period _____ (years) _____ (months)

Current Gross Income (circle one)

\$ _____ p.a. p.m. p.f. p.w.

Please attach evidence of income, for example, payslips, or for self employed applicants, copies of the last 2 years financial statements.

Current Employment

Occupation/Position _____

Status

Casual Contract Full-time Part-time

Seasonal Self employed Other _____

Current Employer or Business Name _____

Employer/Business Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Service period _____ (years) _____ (months)

Current Gross Income (circle one)

\$ _____ p.a. p.m. p.f. p.w.

Please attach evidence of income, for example, payslips, or for self employed applicants, copies of the last 2 years financial statements.

PRIMARY

Previous Employment (if current less than 2 years)

Occupation/Position _____

Status

- Casual Contract Full-time Part-time
 Seasonal Self employed Other _____

Previous Employer or Business Name (if current less than 2 years)

Employer/Business Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Service period _____ (years) _____ (months)

If combined employment is less than 2 years, please give details

SECONDARY

Previous Employment (if current less than 2 years)

Occupation/Position _____

Status

- Casual Contract Full-time Part-time
 Seasonal Self employed Other _____

Previous Employer or Business Name (if current less than 2 years)

Employer/Business Address

St No. and Name _____

Suburb _____

State _____ Postcode _____

Service period _____ (years) _____ (months)

If combined employment is less than 2 years, please give details

Other Income

PRIMARY

	Income source	Amount	p.a./p.m./p.f.
Australian Government Pension	_____	\$ _____	_____
Austudy/ABSTUDY	_____	\$ _____	_____
Dividend	_____	\$ _____	_____
Family Tax Benefit Part A & B	_____	\$ _____	_____
Interest	_____	\$ _____	_____
Maintenance Child Support	_____	\$ _____	_____
Newstart	_____	_____	_____
Overseas Income/Pension	_____	\$ _____	_____
Private Pension	_____	\$ _____	_____
Superannuation	_____	\$ _____	_____
Workers Comp.	_____	\$ _____	_____
Other (including spousal income)	_____	\$ _____	_____

SECONDARY

	Income source	Amount	p.a./p.m./p.f.
Australian Government Pension	_____	\$ _____	_____
Austudy/ABSTUDY	_____	\$ _____	_____
Dividend	_____	\$ _____	_____
Family Tax Benefit Part A & B	_____	\$ _____	_____
Interest	_____	\$ _____	_____
Maintenance Child Support	_____	\$ _____	_____
Newstart	_____	_____	_____
Overseas Income/Pension	_____	\$ _____	_____
Private Pension	_____	\$ _____	_____
Superannuation	_____	\$ _____	_____
Workers Comp.	_____	\$ _____	_____
Other (including spousal income)	_____	\$ _____	_____

Financial Position

Assets

Primary Property (show address details)	Owned by Primary App <input type="checkbox"/>	Owned by Secondary App <input type="checkbox"/>	To be used as security <input type="checkbox"/>	Value \$ _____
Other Real Estate (show address details)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Weekly Rental Income \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other Real Estate (show address details)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Weekly Rental Income \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other Real Estate (show address details)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Weekly Rental Income \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Motor Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Year _____ Make _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Model _____ Insurer _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Motor Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Year _____ Make _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Model _____ Insurer _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Cash/Bank Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
TOTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Liabilities

Primary Property (lender name)	Primary App <input type="checkbox"/>	Secondary App <input type="checkbox"/>	Being paid out <input type="checkbox"/>	Monthly Payment _____	Balance Owing _____
Other Real Estate (lender name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Other Real Estate (lender name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Other Real Estate (lender name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Car Loan (lender name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Car Loan (lender name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Credit Cards/Store Accounts (lender name - card type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(eg. Nurses First VISA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Personal Loan (lender name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Other (finance, rent, leases, Guarantors etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
TOTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

Additional Card Holder (for credit card applications only)

Please complete the following details if you require an additional cardholder on your account. Please let this person know that you have provided us with their personal details, and that their information will be used only to provide them with an additional card.

Title _____ Surname _____ Given Name/s _____
Member Number _____ Date of Birth _____
Phone: Home () _____ Work () _____ Mobile _____

Current Residential Address

St No. and Name _____
Suburb _____ State _____ Postcode _____

Postal Address (leave blank if same as above)

St No. and Name _____
Suburb _____ State _____ Postcode _____

Credit Card Balance Transfer Request (for credit card applications only)

- Yes, I wish to transfer the nominated amount from my non Nurses First credit or store card account to my new Nurses First Credit Card account.

Name of Card Holder	Bank/Store/Financial Institution	Credit/Store card account number	Amount to be transferred
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

- I confirm that I have provided a dollar amount in the "amount to be transferred" box above to represent the balance I wish to transfer. If the available credit on my Nurses First account cannot accommodate the full dollar amount I wish to transfer, Nurses First will transfer a portion within my available limit.
- I confirm that this credit card account is in my name.

Insurance

We offer competitive insurance to members wishing to insure their repayments against sickness, accident, unemployment or death. Insurance is recommended by Nurses First for your benefit. Before deciding to acquire or continue to hold an insurance product/s you should carefully read and consider the Product Disclosure Statement/s (PDS) available from Nurses First. Please indicate your Consumer Credit Insurance and/or your General Insurance needs by ticking the appropriate boxes below. The decision to take out Consumer Credit Insurance and/or General Insurance is not a condition of application approval.

Consumer Credit Insurance

- I/We am/are adequately insured and do not require Consumer Credit Insurance.
- I/We would like to take advantage of Consumer Credit Insurance as follows
- | | Primary | Secondary |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Death | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Disability | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Involuntary Unemployment | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Trauma | <input type="checkbox"/> | <input type="checkbox"/> |

General Insurance

- I/We am/are adequately insured and do not require General Insurance.
- I/We would like to take advantage of General Insurance as follows
- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Home and Contents | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Vehicle Insurance Comprehensive | <input type="checkbox"/> | <input type="checkbox"/> |

Service Nomination

You have the option to nominate a designated person to receive notices and other documents under the National Credit Code on your behalf, other than default notices and you may declare that the nominated person resides at the same address as you.

Do you wish to nominate a person to receive notices?

Yes

If yes, please write that persons name here _____

IMPORTANT: Each Borrower is entitled to receive a copy of any notice or other document under the National Credit Code. Please only sign below if you wish to nominate one of you. Only a person who is a Borrower may be the person nominated.

Any Borrower who has signed this form can advise the Lender at any time in writing that they wish to cancel their nomination. Following any cancellation, the Lender will from then on provide each joint Borrower with their own separate copy of any notice or other document under the National Credit Code.

Note: It is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act (2006) to make a false or misleading statement.

Borrower/s Declaration & Consent

Declaration

I/We declare that the answers in the foregoing statements are true and complete in every particular and that I/we have no financial commitments or obligations other than those stated in this document and that I/we are aware that it is on the basis of the information that I/we have provided that Nurses First will make its decision whether or not to grant a loan.

I/We acknowledge that this form does not constitute an offer or acceptance of credit in terms of any legislation relating to the provision of credit or any other applicable act or ordinance relating to the provision of credit.

Borrower/s Acknowledgement & Consent

Protection of Your Privacy

Credit Information (section 18E(8)(c) Privacy Act 1988)

The personal information you supply to us will be held and used by us (including our agents and contractors if applicable) to provide you with membership and our products and services. Without the information we require, we may be unable to provide the products and services you require. Further details, including how you may access the personal information that we hold, are in our publicly available Privacy Statement.

Important Notice & Authorisation

The Privacy Act (1988) allows the Credit Union to give a credit reporting agency and certain persons information about me for the following purposes:

- to obtain a consumer credit report about you; and/or
- to allow the credit reporting agency to create or maintain a credit information file containing information about you.

This information is limited to:

- identity particulars including name, sex, date of birth, current known address, two immediately previous addresses, current or last known employer, and Drivers Licence number;
- the fact that credit has been applied for and the amount;
- the fact that the Credit Union is a credit provider;
- advice that details of payments which become overdue for more than 60 days and for which collection action has commenced;
- the fact that payments are no longer overdue;
- details of cheques drawn which have been dishonoured more than once;
- the fact that in the Credit Union's opinion a serious credit infringement as occurred; and
- the credit provided by the Credit Union has been paid or discharged.

Which I hereby acknowledge the above notice and authorise the Credit Union to give the abovementioned information about me to a credit reporting agency.

I acknowledge that the information may be given before, during or after the provision of credit to me.

Exchanging information with other credit providers and potential or existing Guarantor (section 18N(1)(b) & 18N(1)(bg) Privacy Act 1988)

I agree to the Credit Union checking personal information about me with any credit provider named in my credit application, and with other credit providers that may be named in a credit report issued by a credit reporting agency, for any of the following purposes:-

- to assess my creditworthiness;
- to help me avoid defaulting on my credit obligations;
- the collection of overdue payments;
- to assess an application by me for credit;
- to notify a default by me; and
- to exchange information with other credit providers as to the status of this loan where I am in default with other credit providers.

I/We agree that the Credit Union may give to a person who is currently a Guarantor, or whom I/we have indicated is considering becoming a Guarantor, a credit report containing information about me/us for the purpose of the Guarantor deciding whether to act as guarantor or to keep the guarantor informed about the guarantee. I/We declare that the Credit Union may act upon this authority until it has received my/our instructions to the contrary.

I/We understand that this information can include any information about me/our 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.

Access to Commercial Credit Information (section 18L(4) Privacy Act 1988)

For the purpose of assessing my application for credit, I consent to the Credit Union obtaining a report containing information about my commercial activities or commercial credit worthiness, for a business which provides information about the credit worthiness of persons.

Access to Consumer Credit Information for a Commercial Credit Application (section 18K (1)(b) Privacy Act 1988) (not for credit cards)

If my application is for commercial credit, I consent to the Credit Union, in order to assess my application, obtaining from a credit reporting agency a credit report about me containing consumer credit information.

Access to Consumer Credit Information by Trade Insurers (section 18K (1)(b) Privacy Act 1988) (not for credit cards)

If my application is for commercial credit, I consent to a trade insurer obtaining a credit report about me containing consumer credit information, in order to assess whether to insure the credit provider for the credit given to me, or the risk of providing insurance, or to assess the risk of a default by me on this credit.

Further request for and verification of Personal Information (Anti-Money Laundering and Counter Terrorism Financing Act 2006 ("AML/CTF Act"))

In order to comply with our obligations under the AML/CTF Act we may request further information from you (such as your name, address and contact details) ("Personal Information") from you, even if such information was previously obtained. Should we request Personal Information from you, you agree that you will comply with such requests.

The Personal Information may be used for assessment and verification for compliance under the AML/CTF Act. You consent to the use of the Personal Information for such purposes.

Additional Cardholder (not for personal loans)

Please issue an additional card on my account in the name of the additional cardholder:

- I certify that the additional cardholder has attained the age of 16 years.
- I will be liable for any transactions I or the additional cardholder makes using the Easypay VISA Card before the Easypay VISA Card is cancelled but which are not posted to my account until after cancellation of the Easypay VISA Card.
- I must return my Easypay VISA Card and any additional Easypay VISA Card/s issued to additional cardholder/s to Nurses First when:
 - a) Nurses First notifies me that it has cancelled the Easypay VISA Card;
 - b) I close the linked account/s;
 - c) I cease to be a member of Nurses First;
 - d) I cancel my Easypay VISA Card, any Easypay VISA Card issued to an additional cardholder/s, or both; or
 - e) I alter the authorities governing the use of my linked account/s, unless Nurses First agrees otherwise.

Declaration

I declare that the answers in the foregoing statements are true and complete in every particular and that I have no financial commitments or obligations other than those stated in this document and that I am aware that it is on the basis of the information that I have provided that Nurses First will make its decision whether or not to grant a loan. I authorise Nurses First to make enquiries, which it considers necessary to fully assess this loan enquiry. I acknowledge that this form does not constitute an offer or acceptance of credit in terms of any legislation relating to the provision of credit or any other applicable act or ordinance relating to the provision of credit.

X

Borrower's Signature

Name

Date

X

Borrower's Signature

Name

Date

As an additional cardholder I agree with the above statement and to being verified via AML/CTF Act identity verification process.

X

Borrower's Signature

Name

Date

Guarantor/s Acknowledgement and Consent (complete only for personal loan applications requiring a Guarantor/s)

Assessment of Guarantor (section 18N(1)(bh) Privacy Act 1988)

I/We agree that the Credit Union may obtain from a credit reporting agency a consumer credit report containing information about me/us for the purpose of assessing whether to accept me/us as a Guarantor for credit applied for by, or provided to, the Borrower/s named below. I/We agree that this agreement commences from the date of this agreement and continues until the credit covered by the Borrower/s application ceases.

X

Guarantor's Signature

Name

Date

X

Guarantor's Signature

Name

Date

Business Purpose Declaration

Borrower's Declaration of Purpose

I/We declare that the credit to be provided to me/us by the credit provider is to be applied wholly or predominately for:

- business purposes; or
- investment purposes other than investment in residential property.

Important

You should **not** sign this declaration unless this loan is wholly or predominantly for:

- business purposes; or
- investment purposes other than investment in residential property.

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

X

Borrower's Signature

Name

Date

X

Borrower's Signature

Name

Date

THIS PAGE LEFT INTENTIONALLY BLANK

THIS PAGE LEFT INTENTIONALLY BLANK