



Member number

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loan application

PO Box 585 Hamilton 3204 • firstcreditunion.co.nz • helpdesk@firstcu.co.nz
HAMILTON 07 834 4810 • TE AROHA 07 884 9543 • TAURANGA 07 578 6255

1. Your personal details

What is your name?

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

OTHER

FIRST NAMES

LAST NAME

Have you ever gone by any other name? (maiden name or other)

FULL NAME

What is your date of birth?

	/		/	
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What is your gender?

☐ Male ☐ Female

What is your marital status?

☐ Single ☐ Defacto ☐ Married ☐ Divorced ☐ Separated

Are you a permanent resident of New Zealand?

☐ Yes ☐ No

How many dependant children do you have?

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What are their ages?

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What is your Drivers Licence number?

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What is the version number on your licence? (5b)

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What type of licence do you hold?

☐ Learners ☐ Restricted ☐ Full

(Please provide a copy of your licence)

Are you employed?

☐ Yes, full time ☐ Yes, part time ☐ Yes, self employed☐ Yes, casual ☐ No, unemployed

What is your occupation?

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Who is your employer?

EMPLOYER'S NAME

EMPLOYER'S ADDRESS

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PHONE NUMBER []

How long have you been employed there?

	YEARS AND		MONTHS
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If less than 1 year where did you work previously and for how long?

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Are you currently a Guarantor for someone?

☐ Yes ☐ No

What is their name?

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What amount are you guarantor for?

\$	
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How did you hear about First Credit Union? (Tick as many as apply)

☐ TV ☐ Radio ☐ Newspaper ☐ Referred to by friend/family☐ Other (please specify)

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2. Your contact details

What is your home address?

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POST CODE

What type of residence is this?

☐ Own home ☐ Renting ☐ Boarding

How long have you lived at this address?

	YEARS AND		MONTHS
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What was your previous address?

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How long did you live at this address?

	YEARS AND		MONTHS
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What are your phone numbers and email address?

HOME []

MOBILE []

WORK []

FAX []

EMAIL

What is the best way to contact you regarding this application?

(Please bear in mind phone calls will be made between 9am and 5pm weekdays)

☐ Home phone ☐ Work phone ☐ Mobile ☐ Email ☐ Text

Please provide contact details of TWO relatives or friends in New Zealand, NOT living with you:

Person 1

NAME

ADDRESS

HOME PHONE []

MOBILE []

RELATIONSHIP TO YOU

Person 2

NAME

ADDRESS

HOME PHONE []

MOBILE []

RELATIONSHIP TO YOU

NOTE: These people will be contacted for verification prior to your loan being approved.

3. Joint Applicant's details (if applicable)

What is your name?

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

OTHER

FIRST NAMES

LAST NAME

Have you ever gone by any other name? (maiden name or other)

FULL NAME

What is your relationship to the main applicant?

What is your date of birth?

/ /

What is your gender?

☐ Male ☐ Female

What is your marital status?

☐ Single ☐ Defacto ☐ Married ☐ Divorced ☐ Separated

Are you a permanent resident of New Zealand?

☐ Yes ☐ No

What is your home address?

☐ The same address as the main applicant ☐ The address below

What are your phone numbers and email address?

HOME []

MOBILE []

WORK []

FAX []

EMAIL

Are you employed?

☐ Yes, full time ☐ Yes, part time ☐ Yes, self employed
☐ Yes, casual ☐ No, unemployed

What is your occupation?

Who is your employer?

EMPLOYER'S NAME

EMPLOYER'S ADDRESS

PHONE NUMBER []

How long have you been employed there?

YEARS AND MONTHS

If less than 1 year, where did you work previously?

EMPLOYER

What is your Drivers Licence number?

What is the version number on your licence? (5b)

What type of licence do you hold? (Please provide a copy of your licence)

☐ Learners ☐ Restricted ☐ Full

Are you currently a Guarantor for someone?

☐ Yes ☐ No

What is their name?

What amount are you guarantor for?

\$

4. Loan details

How much would you like to borrow? \$

What is the purpose of the loan? (Please provide full details)

5. Repayments

How much would you like to pay back each repayment? \$

And how often? ☐ Weekly ☐ Fortnightly ☐ Monthly

OR How long would you like to pay the loan back over?

☐ 12 months ☐ 24 months ☐ 36 months Other: [] months

6. Security

What are you offering as security for this loan? (please tick and complete as many as apply)

☐ MOTOR VEHICLE

Registration number

Vehicle make

Vehicle model

Year of vehicle

Estimated value of vehicle

\$

Is the vehicle insured?

☐ Yes ☐ No

Type of insurance

☐ Full cover ☐ Third party

Name of insurance company

If your vehicle is not insured by Pioneer Insurance please attach proof of your insurance.

Security Continued

You may have a second motor vehicle to offer as security (please tick and complete as many as apply)

☐ MOTOR VEHICLE

Registration number	<input type="text"/>	Estimated value of vehicle	\$ <input type="text"/>
Vehicle make	<input type="text"/>	Is the vehicle insured?	<input type="radio"/> Yes <input type="radio"/> No
Vehicle model	<input type="text"/>	Type of insurance	<input type="radio"/> Full cover <input type="radio"/> Third party
Year of vehicle	<input type="text"/>	Name of insurance company	<input type="text"/>

If your vehicle is not insured by Pioneer Insurance please attach proof of your insurance.

In some circumstances we may consider a boat as security.

☐ SAVINGS

Value of savings	\$ <input type="text"/>	Account where savings are held	<input type="text"/>
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☐ GUARANTOR

Guarantor's name	<input type="text" value="FIRST NAMES"/>	<input type="text" value="LAST NAME"/>
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(Don't forget - we'll need your Guarantor to hand in a completed Guarantor Form before we can approve your application)

7. Income and Expenditure

Please fill in the table below and tick the appropriate letter to show how often you are paid/pay each item. W = weekly, F = fortnightly, M = monthly

<i>Income</i>	How often?	Amount	<i>Expenditure</i>	How often?	Amount
Net income after tax	<input type="radio"/> W <input type="radio"/> F <input type="radio"/> M	\$ <input type="text"/>	Mortgage/Rent/Board	<input type="radio"/> W <input type="radio"/> F <input type="radio"/> M	\$ <input type="text"/>
Joint applicant's income	<input type="radio"/> W <input type="radio"/> F <input type="radio"/> M	\$ <input type="text"/>	Other loans	<input type="radio"/> W <input type="radio"/> F <input type="radio"/> M	\$ <input type="text"/>
Other income (please specify)			Insurances	<input type="radio"/> W <input type="radio"/> F <input type="radio"/> M	\$ <input type="text"/>
<input type="text"/>	<input type="radio"/> W <input type="radio"/> F <input type="radio"/> M	\$ <input type="text"/>	Credit/Store card repayments	<input type="radio"/> W <input type="radio"/> F <input type="radio"/> M	\$ <input type="text"/>
<input type="text"/>	<input type="radio"/> W <input type="radio"/> F <input type="radio"/> M	\$ <input type="text"/>	Hire Purchase repayments	<input type="radio"/> W <input type="radio"/> F <input type="radio"/> M	\$ <input type="text"/>
<input type="text"/>	<input type="radio"/> W <input type="radio"/> F <input type="radio"/> M	\$ <input type="text"/>	Food/Living expenses (Power, phone, petrol, car maintenance etc)	<input type="radio"/> W <input type="radio"/> F <input type="radio"/> M	\$ <input type="text"/>
Total Income		\$ <input type="text"/>	Total Expenditure		\$ <input type="text"/>

Is your total income credited to your First Credit Union account? ☐ Yes ☐ No If no, make sure you attach recent bank statements with your application.

Do you require budgeting advice? ☐ Yes ☐ No

NOTES TO THE ABOVE

8. Financial Position

<i>What do you OWN (Assets)?</i>	Estimated value	<i>What do you OWE (Liabilities)?</i>	Estimated amount left to pay
Home	\$ <input type="text"/>	First Mortgage	\$ <input type="text"/>
Household contents	\$ <input type="text"/>	Motor Vehicle/s	\$ <input type="text"/>
Motor vehicle/s	\$ <input type="text"/>	Overdrafts	\$ <input type="text"/>
Savings	\$ <input type="text"/>	Credit Card Debt	\$ <input type="text"/>
Other property (please specify)		Store Cards/Hire Purchases	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	Personal loans	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Total Assets	\$ <input type="text"/>	Total Liabilities	\$ <input type="text"/>

Have you ever been declared bankrupt? ☐ Yes ☐ No

If yes, what year were you declared bankrupt ?

Privacy Act Declaration

Authorisation by Applicants(s) and Guarantors(s) for use and disclosure of information

Pursuant to the Privacy Act 1993, I/We acknowledge that:

1. From time to time, First Credit Union (including selected third parties) may use the information ("information") I/we have provided to First Credit Union to send me/us information of any products or services that First Credit Union thinks may be of interest to me/us.
2. I/We understand that the information will be used to assess my/our credit worthiness and financial position, to process and assess my/our application and for the management, assessment, enforcement (including disclosing default information to any credit reporting agency used by First Credit Union) of any agreement I/we have with First Credit Union.
3. By signing this application, I/we authorise First Credit Union (for the purpose listed above) to:
 - make enquiries about me/us and disclose and obtain any additional information First Credit Union considers necessary, including checking drivers licence/s with LTNZ
 - disclose my/our personal information to potential or actual assignees, to insurers and other parties that may have or may intend to take security over any of my/our assets, to credit rating and credit reporting agencies and any other person that First Credit Union may appoint to collect any outstanding debt from me/us.
4. I/We understand that I/we have the right of access to and correction of, all personal information held by First Credit Union that relates to me/us.
5. I/We understand that all information First Credit Union provides to their credit reporting agency including information relating to any default by me/us of any obligation to First Credit Union will be held by the credit reporting agency for its credit reporting service and they may give such information to its customers who use its service. I/We also understand that I/we may access and correct the information held by the credit reporting agency.
6. I/We declare that the information I/we have provided in this application is correct.

Main Applicant (please print your name)

FIRST NAMES

LAST NAME

Joint Applicant (please print your name)

FIRST NAMES

LAST NAME

Main Applicant's Signature

Today's date

/ /

Joint Applicant's Signature

Today's date

/ /

☐ Tick here if you do not wish to receive emails from First Credit Union about our products or promotions.

Office Use Only

☐ Approved

☐ Declined

Interest rate

%

SIGNATURE

DATE

CONDITIONS/COMMENTS