



MyBuy APPLICATION FORM

Application Source:

Complete Introducer Details				Complete Transaction Details				Application Type:		
Introducer Name			Introducer No.	Promotional Rate: %		Promotional Term: mths/days		<input type="checkbox"/> Call Centre (complete shaded fields only) <input type="checkbox"/> Fax (complete whole form)		
Authorisation No.		Order / Invoice No.	Deposit Amount \$	Amount Financed \$	Interest Bearing Rate: %		Interest Free: mths/days			
					Deferred Payment: mths/days					
				Payment Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No		Payment Plan Term: mths				

Applicant 1				Applicant 2			
Title	First Name	Middle Name	Surname	Title	First Name	Middle Name	Surname
Address				Address			
State				State			
Postcode				Postcode			

Personal Details	Applicant 1	Applicant 2
Date of Birth	/ / Gender	/ / Gender
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Number of Dependents	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other (excl. Spouse)	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other (excl. Spouse)
Phone Number	Mob: Home ()	Mob: Home ()
Email Address		

Residential Details						
Time at current residence	Years <input type="text"/> Months <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Living with parents <input type="checkbox"/> Supplied by employer				
	Landlord / First Mortgagor	Contact Number	Rent / Board / Mortgage \$	Frequency W / F / M	Property Value (if own / buying) \$	Balance of Mortgage (if buying) \$
Previous Residential Address (if less than 2 years at current residence)	Address State Postcode Years Months					

Employment Details	Applicant 1	Applicant 2
Employment Status (select from menu)	Full time / Part time / Casual / Self employed / Retired / Pensioner / Contract / Not employed	Full time / Part time / Casual / Self employed / Retired / Pensioner / Contract / Not employed
Current Employer Name		
Contact Phone Number	Area Code ()	Area Code ()
Current Occupation		
Time at current job	years months	years months
Previous Employer (if time with current employer is under 2 years)		
Previous Occupation & Duration	years months	years months
Accountant's Details (if Self Employed)		
Accountant's Contact Number	Area Code ()	Area Code ()

Financial Details							
Take Home Pay (Net / After Tax)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly			\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
Living Expenses (monthly)	\$						
Property/Rental Income (monthly)	\$						
Other Income - Type	<input type="checkbox"/> Pension <input type="checkbox"/> Shares / Dividends <input type="checkbox"/> Partners <input type="checkbox"/> Other			<input type="checkbox"/> Pension <input type="checkbox"/> Shares / Dividends <input type="checkbox"/> Partners <input type="checkbox"/> Other			
Other Income - \$ (Monthly)	\$						
Partner's Take Home Pay (Net / After Tax)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly			My Monthly Share Of Mortgage/Rent \$		
Loans (Type / Lender)	Balance \$	Monthly Payment \$	TOTAL OF CREDIT CARDS		Total Number of Cards	Total Credit Limit \$	
Loans (Type / Lender)	Balance \$	Monthly Payment \$	NUMBER OF ALL OTHER LOANS		Number	Balance \$	
						Monthly Payment \$	

References (friend or relative not living at same address)			
Name 1	Address	Contact Number	Relationship
Name 2	Address	Contact Number	Relationship

JOINT BORROWER NOMINATION FOR SERVICE OF STATEMENTS AND NOTICES (applicable only if a name is inserted in the nominee box below)

I/We nominate to receive notices and other documents under the National Credit Code on behalf of me/us. Each joint Borrower is entitled to receive a copy of any notice or other document under the Code. By signing this document I am/we are giving up the right to be provided with information direct from you. I/We understand that I/we, can advise you at any time in writing that I/we wish to cancel this nomination.

Applicant(s) Declaration	
By signing this document, I/we: (1) warrant the accuracy of the information about me/us; (2) nominate any joint applicant specified in the Joint Borrower Nomination immediately above to receive notices and other documents; (3) request that a card be issued (at Once's discretion) to use in conjunction with this facility; (4) agree to the collection, disclosure and use of my/our personal information as described in the Privacy Disclosure & Consent Statement over the page; (5) acknowledge that if I/we provide you with an appropriate address for electronic communications I/we have consented to you sending any document or notice to me/us electronically where you are allowed to by law and that: a) paper documents or notices may no longer be given; b) electronic communications should be regularly checked for documents or notices; and c) my/our consent to the giving of documents or notices by electronic communication may be withdrawn at any time.	APPLICANT 1 SIGN APPLICANT 2 SIGN DATE
Do you wish to receive your monthly statement by email? If so, tick the box. You can withdraw your consent at any time.	
<input type="checkbox"/> Please send my statement by email.	

Verification of Applicant Identification and Privacy Consent Confirmation					
I certify that I have sighted original licences and or identification documents of the applicant(s) as detailed below; and the applicant(s) have given verbal consent to the Privacy Disclosure & Consent Statement.					
		CONSULTANT NAME	CONSULTANT SIGNATURE	DATE	
Applicant 1	Primary ID Type (eg. Drivers Licence, Passport)	ID Number	Expiry Date	Other ID Type	ID Number
Applicant 2	Primary ID Type (eg. Drivers Licence, Passport)	ID Number	Expiry Date	Other ID Type	ID Number

ONCE COPY