



ARMADA
LENDING

strength in numbers

APPLICANT DETAILS

PERSONAL DETAILS:

APPLICANT 1

Applicant status: Borrower Guarantor

Title (Mr/Mrs/Ms/Miss/Other):

Surname:

Given names:

Date of birth: / /

Marital status: Single Married Widowed Defacto Divorced

Number of dependents: Age/s:

Drivers license number:

Are you a permanent resident of Australia Yes No

PERSONAL DETAILS:

APPLICANT 2

Applicant status: Borrower Guarantor

Title (Mr/Mrs/Ms/Miss/Other):

Surname:

Given names:

Date of birth: / /

Marital status: Single Married Widowed Defacto Divorced

Number of dependents: Age/s:

Drivers license number:

Are you a permanent resident of Australia Yes No

ADDRESS DETAILS:

Current address:

State P/code

Time at current address: Years Months

If under 2 years, please provide previous address details.

Previous address:

State P/code

Time at previous address: Years Months

Address after settlement:

State P/code

Current residential status: Own home Mortgaged

Renting Boarding Live with family Other

CONTACT DETAILS:

Postal address (if different from current residential address):

State P/code

Home phone number: ()

Work phone number: ()

Mobile number: ()

Email address:

ADDRESS DETAILS:

Current address:

State P/code

Time at current address: Years Months

If under 2 years, please provide previous address details.

Previous address:

State P/code

Time at previous address: Years Months

Address after settlement:

State P/code

Current residential status: Own home Mortgaged

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CONTACT DETAILS:

Postal address (if different from current residential address):

State P/code

Home phone number: ()

Work phone number: ()

Mobile number: ()

Email address:

APPLICANT DETAILS

EMPLOYMENT DETAILS

APPLICANT 1

Occupation:

Industry:

Employment status: PAYG employee Self employed Not employed

Full time Part time Casual Contractor

If a wage or salary earner, please provide the following details:

Employer (company) name:

Contact (HR/Payroll) name and phone number:

 - ()

Employer address:

 State P/code

Time at current employment: Years Months

If under 2 years, please provide previous employment details.

Previous employer's name:

Previous occupation and industry (if different from current):

Time at previous employment: Years Months

If self employed, please provide the following details.

Company name:

Nature of business:

Company ABN:

Time in business:

 Years Months

EMPLOYMENT DETAILS

APPLICANT 2

Occupation:

Industry:

Employment status: PAYG employee Self employed Not employed

Full time Part time Casual Contractor

If a wage or salary earner, please provide the following details:

Employer (company) name:

Contact (HR/Payroll) name and phone number:

 - ()

Employer address:

 State P/code

Time at current employment: Years Months

If under 2 years, please provide previous employment details.

Previous employer's name:

Previous occupation and industry (if different from current):

Time at previous employment: Years Months

If self employed, please provide the following details.

Company name:

Nature of business:

Company ABN:

Time in business:

 Years Months

INCOME AND EXPENSES (NOTE: ALL income must be shown as annual amounts)

INCOME DETAILS: APPLICANT 1

Gross salary \$

Rental - property investments \$

Other investments (e.g. shares) \$

Other (Incl. Overtime) \$

TOTAL INCOME

\$

INCOME DETAILS: APPLICANT 2

Gross salary \$

Rental - property investments \$

Other investments (e.g. shares) \$

Other (Incl. Overtime) \$

TOTAL INCOME

\$

EXPENSES

Expense Type

Monthly Repayment / Expenses

Rent (If Applicable)

Basic Living Expenses*

\$

\$

Additional Living Expenses

Child Maintenance

\$

Rent / Board Ongoing

\$

Child Care

\$

Insurance

\$

Body Corporate Rates

\$

Subscriptions

\$

Non-Government Education

\$

Additional Car(s) Petrol / Tolls / Parking

\$

Other (e.g. Gym Membership)

\$

Mobile Telephone / Internet / Pay TV

\$

Additional Car(s) Maintenance

\$

TOTAL ADDITIONAL EXPENSES

Medical / Private Health

\$

Additional Car(s) Registration

\$

\$

* Basic Living Expenses include: groceries/food, clothing, council rates, electricity, gas, water, home telephone, government education, single motor vehicle expenses, travel (train/bus), entertainment, etc.

ASSETS AND LIABILITIES STATEMENT

If you do not own all assets or share all liabilities jointly, please complete individual financial statements.

This is the financial statement for: Applicant 1 Applicant 2 Both

ASSETS - What you own

* If asset is not wholly owned by applicants. Please indicate percentage of ownership.

PROPERTY ADDRESS	MARKET VALUE \$	SHARE %*

NAME OF FINANCIAL INSTITUTION	AMOUNT \$	SHARE %*

FUND	AMOUNT \$	SHARE %*

OTHER (e.g. household contents, shares, motor vehicles):

DESCRIPTION	AMOUNT \$	SHARE %*

TOTAL ASSETS \$

LIABILITIES - What you owe

^ Please tick for any liabilities that will be refinanced as part of this application.

LENDERS NAME	INTEREST RATE	MONTHLY REPAYMENT \$	AMOUNT OWING \$	REFINANCE*
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

LENDERS NAME	MONTHLY REPAYMENT \$	AMOUNT OWING \$	REFINANCE*
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

INSTITUTION	LIMIT \$	AMOUNT OWING \$	REFINANCE*
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

HIRE PURCHASES/LEASES/PERSONAL DEBTS:

DETAILS	MONTHLY REPAYMENT \$	AMOUNT OWING \$	REFINANCE*
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

OTHER (e.g. HECS, Contingent Liabilities or Guarantees):

DETAILS	AMOUNT OWING \$	REFINANCE*
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

TOTAL LIABILITIES \$

Loan Amount \$

LOAN REQUIREMENTS AND OBJECTIVES

My/our requirements and objectives for seeking credit or reviewing my/our credit contract are:

Better Rate Building Consolidate Debts Investing Need Extra Cash Renovating Restructure Redraw Capability

Other objective (please describe)

Outline any risks or benefits for my/our credit contract:

- (1) Do you have insurances to protect your most important assets - your family, your home, and your income? Yes No
- (2) If so, have you reviewed your insurances in the last 6 months? Yes No
- (3) What insurances are important to you (or you want to know more about)?
- Income protection – pays up to 75% of your income for a defined period Yes No
 - Life insurance – lump sum payment to your beneficiary in the event of death Yes No
 - Trauma insurance – pays you a lump sum payment in the event that you are diagnosed with a specified illness Yes No
 - Total and Permanent disability – pays you a lump sum when you are advised by a medical specialist you cannot work Yes No

YOUR PREFERRED LOAN OPTIONS:

YOUR PREFERRED INTEREST RATE TYPE: (Please select one)

- Variable rate** – it is important to have an interest rate that fluctuates over the term of the loan in line with market interest rate changes.
- Fixed rate** – it is important to have certainty about the interest rate and/or repayment for a fixed term.
- Fixed & Variable** – it is important to have a combination of fixed and variable interest rates.
- No preferred interest rate type.**

YOUR PREFERRED REPAYMENT TYPE: (Please select one)

- Principal & Interest** – it is important to have repayments that include both the principal amount borrowed and the interest payable, so that the loan is repaid in full by the end of the loan's term.
- Interest Only** – it is important to make interest only repayments for a specified term.
- Interest Only in Advance** – it is important to have the ability to make an advanced or lump sum interest only repayment.
- No preferred repayment type.**

YOUR PREFERRED LOAN FEATURES:

FEATURES	REQUIRED		
Pay off quickly / additional payments It is important that the loan is paid off quickly and that additional payments are allowed without penalty.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not essential <input type="checkbox"/>
Split account It is important to have more than one loan sub account/s, or a separate account for savings / investment funds, for tax, accounting or personal expense purposes.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not essential <input type="checkbox"/>
Re-draw It is important to have access to additional repayment funds should it be required.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not essential <input type="checkbox"/>
Line of credit It is important to have a revolving facility that allows you to draw to a limit via EFTPOS, ATM, Internet or Cheque.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not essential <input type="checkbox"/>
Top up It is important to have access to additional funds for future use subject to sufficient equity.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not essential <input type="checkbox"/>
Product flexibility It is important to have the ability to switch between a lender's mortgage products.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not essential <input type="checkbox"/>
Portability It is important to have the option to transfer the loan to an alternative property to save money and time.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not essential <input type="checkbox"/>
Other features sought	Yes <input type="checkbox"/>		Not essential <input type="checkbox"/>