



ORIGINATOR: _____ CONTACT: _____

APPLICANT TYPE: (Select appropriate box) Company Individual Partnership Trust Other

ORGANISATION/INDIVIDUAL LEGAL NAME: _____

Trading Name: _____

Industry: _____ Company #: _____ GST No.: _____ LTSA No.: _____

Physical Address: _____

Postal Address: _____

Phone No.: _____ Fax No.: _____ E-mail Address: _____

Accountant Name: _____ Acct. Ph: _____ Acct. E-mail: _____

ORGANISATION FINANCIAL INFORMATION

Sales: \$ _____ Total Assets: \$ _____ Current Assets: \$ _____

Gross Profit: \$ _____ Total Liabilities: \$ _____ Current Liabilities: \$ _____

Net Profit After Tax: \$ _____ Shareholder Funds: \$ _____ Shareholder Drawings: \$ _____

INDIVIDUAL INFORMATION (To be completed by: If an INDIVIDUAL: Individual Applicant / Individual Guarantor and if an ORGANISATION: Directors / Shareholders / Partners / Non-Independent Trustee & Others if relevant (each of whom may be the person acting for the purpose of the Personal Property Security Act 1999))

First Name: _____ Middle Names: _____ Last Name: _____ Date of Birth: _____

Citizenship: _____ Driver's Licence No/Ver #: _____ / _____ Marital Status: _____ No. of Deps: _____

Home Phone: _____ Mobile Phone: _____ Business Phone: _____

Home E-mail: _____ Work E-mail: _____

Address & Tenancy: Owner Unencumbered / Owner Mortgage / Renting / Parents / Other: _____

Current Address: _____ Years: _____

Previous Address: _____ Years: _____

Present Employer: _____ Occupation: _____ Years: _____

Address: _____ Industry: _____

Previous Employer: _____ Occupation: _____ Years: _____

Nearest Relative: _____ Relationship: _____ Phone No: _____ Address: _____

Not living at the same address

INDIVIDUAL FINANCIAL INFORMATION

Table with 4 columns: A. ASSETS, B. LIABILITIES, C. INCOME (Monthly), D. EXPENSES (Monthly). Rows include Home, Furnishings, Bank, Car(s), Investments, Other Assets, TOTAL ASSETS, Net Worth (A-B), Net Income, Spouse Net Income, Other Income, TOTAL INCOME, Rental Income, Bonus, Mortgage / Rent, HP/Loans, Credit Cards, Bank O/D, Living Expenses, Other Expenses, TOTAL EXPENSES.

Other Information: _____

VERBAL PRIVACY AUTHORITY

So that European Financial Services Limited and/or Euro Rate Leasing Limited can assess the application for finance (whether you are the applicant or a guarantor), it is necessary for European Financial Services Limited and/or Euro Rate Leasing Limited and/or this motor vehicle dealership to exchange personal information and make enquiries, disclose and obtain personal information about you to and from any bank, financial institution, credit reporter, government department (such as the Ministry of Justice) or government agencies (such as the New Zealand Transport Agency), insurance company, employer, or any other person or entity in consideration of the application.

Accordingly do you authorise European Financial Services Limited and Euro Rate Leasing Limited and this motor vehicle dealership to exchange your personal information, make enquiries about you, disclose and obtain personal information about you to and from any of the entities mentioned earlier for the following purposes:

- a) First, to assess your credit worthiness as either the applicant or a guarantor and in considering this application; CONFIRMED
b) Second, to verify your identity as may be required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and its regulations;

Do you understand that you may access the personal information held by European Financial Services Limited and/or Euro Rate Leasing Limited and this motor vehicle dealership and ask that the personal information be corrected in accordance with the provisions of the Privacy Act 1993? CONFIRMED

Do you certify that the information you have given in the application for finance is true and correct? CONFIRMED

Do you understand that if any information given by you or anyone else in relation to the application for finance is incorrect or if another applicant or a guaranteee in relation to the application for finance does not provide an authority like this then the application for finance might be declined CONFIRMED

Customer (Introducer Name if Verbal taken)

Dealership Name

Signature (Customer or Dealer if Verbal taken)

Date



ADDITIONAL GUARANTOR PAGE

ORGANISATION/INDIVIDUAL LEGAL NAME: _____

INDIVIDUAL INFORMATION (To be completed by: If an INDIVIDUAL: Individual Applicant / Individual Guarantor and if an ORGANISATION: Directors / Shareholders / Partners / Non-Independent Trustee & Others if relevant (each of whom may be the person acting for the purpose of the Personal Property Security Act 1999))

First Name: _____ Middle Names: _____ Last Name: _____ Date of Birth: _____
Citizenship: _____ Driver's Licence No/Ver #: _____ / _____ Marital Status: _____ No. of Deps: _____
Home Phone: _____ Mobile Phone: _____ Business Phone: _____
Home E-mail: _____ Work E-mail: _____

Address & Tenancy: Owner Unencumbered / Owner Mortgage / Renting / Parents / Other: _____

Current Address: _____ Years: _____

Previous Address: _____ Years: _____

Present Employer: _____ Occupation: _____ Years: _____

Address: _____ Industry: _____

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Nearest Relative: _____ Relationship: _____ Phone No: _____ Address: _____

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Table with 4 columns: A. ASSETS, B. LIABILITIES, C. INCOME (Monthly), D. EXPENSES (Monthly). Rows include Home, Furnishings, Bank, Car(s), Investments, Other Assets, TOTAL ASSETS, Net Worth (A-B), Mortgages, HP/Loans, Credit Cards, Bank O/D, Other Liabilities, TOTAL LIABILITIES, Net Income, Spouse Net Income, Other Income, TOTAL INCOME, Rental Income, Bonus, Mortgage / Rent, HP/Loans, Credit Cards, Bank O/D, Living Expenses, Other Expenses, TOTAL EXPENSES.

Other Information: _____

VERBAL PRIVACY AUTHORITY

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Accordingly do you authorise European Financial Services Limited and Euro Rate Leasing Limited and this motor vehicle dealership to exchange your personal information, make enquiries about you, disclose and obtain personal information about you to and from any of the entities mentioned earlier for the following purposes:

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Customer (Introducer Name if Verbal taken)

Dealership Name

Signature (Customer or Dealer if Verbal taken)

Date